ECONOMIC POLICY RESEARCH CENTRE

EVIDENCE PACK FOR FOOD ENVIRONMENT POLICIES IN UGANDA (2020-2021)

A DESK REVIEW

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EVIDENCE PACK FOR FOOD ENVIRONMENT POLICIES IN UGANDA (2020-2021)

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Definitions

- **Food:** refers to food and non-alcoholic beverages. It excludes breastmilk or breastmilk substitutes.
- **Food environments:** the collective physical, economic, policy and socio-cultural surrounding, opportunities and conditions that influence people's food and beverage choices and nutritional status.
- **Government:** includes any national government departments and, where appropriate, other agencies (i.e., statutory bodies such as offices, commissions, authorities, boards, councils, etc). Plans, strategies or actions by local government are not included, although relevant information can be noted in the 'context/comments' sections.
- **Government implementation:** refers to the intentions and plans of the government and actions and policies implemented by the government as well as government funding for implementation of actions undertaken by non-governmental organisations, academic institutions, private companies (including consultants), etc.
- **Healthy/unhealthy food:** Categorisation of foods as healthy / unhealthy are in accordance with the WHO and EU guidelines. For example, a healthy food or diet comprises a combination of different foods that include; fruits and vegetables, staples like cereals (wheat, barley, rye, maize or rice) or starchy tubers or roots (potato, yam, taro or cassava); legumes (lentils and beans); and foods from animal sources (meat, fish, eggs and milk)[1]. Where it is not clear which category to use, categorisation of foods should be informed by rigorous criteria or the use of a nutrient profiling model, e.g., Nutrient Profile Model for the WHO African Region.
- **Nutrients of concern:** salt (sodium), saturated fat, trans fat, added sugar.

1 https://www.who.int/initiatives/behealthy/healthy-diet

- **Systems-based approaches**: refers to a set of common objects or people and the relationships and interactions that make them part of a larger whole, working together towards a common purpose.
- **Policy actions:** A broad view of "policy" is taken, so as to include all government policies, plans, strategies and activities. Only current policy actions are considered, generally defined as policy activity of the previous 12 months (except where otherwise specified). Evidence of policy implementation takes consideration of the whole policy cycle, from agenda-setting, through to policy development, implementation and monitoring. A broad view of relevant evidence was taken, to include, inter alia:
  - ✓ Evidence of commitments from leadership to explore policy options
  - ✓ Allocation of responsibility to an individual/team (documented in a work plan, appointment of new position)
  - ✓ Establishment of a steering committee, working group, expert panel, etc.
  - ✓ Review, audit or scoping study undertaken
  - ✓ Consultation processes undertaken
  - ✓ Evidence of a policy brief/proposal that has been put forward for consideration
  - ✓ Preparation of a regulatory or economic impact assessment, health impact assessment, etc.
  - ✓ Regulations / legislation / other published policy details
  - ✓ Monitoring data
  - ✓ Policy evaluation report

LIST OF ABBREVIATIONS

ACAP	Aflatoxin Control Action Plan
APHRC	African Population and Health Research Centre
BFHI	Baby Friendly Healthy Facility Initiative
CAADP	Comprehensive Africa Agricultural Development Programme
EPRC	Economic Policy Research Centre
FANTA	Food and Nutrition Technical Assistance
GoU	Government of Uganda
HIAP	Health In All Policies
IDRC	International Development Research Centre
INFORMAS	International Network for Food and Obesity/NCDs Research, Monitoring and Action Support
IYCF	Infants and Young Child Feeding
MAAIF	Ministry of Agriculture, Animal Industry and Fisheries
MSNTC	Multi-Sectoral Nutrition Technical Coordination Committee
MoES	Ministry of Education and Sports
MoFPED	Ministry of Finance, Planning and Economic Development
MoH	Ministry of Health
NBFP	National Budget Framework Papers
NCC	Nutrition Coordination Committee
NDP	National Development Plan
NFNS	National Food and Nutrition Strategy
NCDs	Non-Communicable Diseases
NR-NCDs	Nutrition-Related Non-Communicable Diseases
NTM	Non-Tariff Measure
PIHEHL	Presidential Initiative on Healthy Eating and Healthy Lifestyle
SDGs	Sustainable Development Goals
STEP	STEPwise Approach to NCD risk factor surveillance
UCC	Uganda Communications Commission
UDHS	Uganda Demographic and Health Survey
UFNP	Uganda Food and Nutrition Policy
UNAP	Uganda Nutrition Action Plan
UNBS	Uganda National Bureau of Standards
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

EVIDENCE SUMMARY

The overall evidence pack is part of the research project that in part, focuses on the "*Assessment of policies and identification of context-specific regulatory interventions for a healthier food environment to prevent diet-related Non-Communicable Diseases (NCDs) in Uganda*". The study thus provides a benchmarking assessment of evidence for existing policies and laws, and identifies gaps in the food policy environment. It specifically assesses relevant policies, laws, strategies/interventions and policy pronouncements that Uganda has put in place, or are in the pipeline, as a means of creating a healthy food environment and combating all forms of malnutrition and diet-related NCDs. The assessment is conducted over 13 policy and infrastructure domains, each with specific indicators to guide the assessment. Broadly, the 13 domains are made up of 7 policy domains (food composition; food labelling; food promotion; food prices; food provision; food in retail, trade and investment) and 6 infrastructure domains (leadership; governance; monitoring and intelligence; funding and resources; platforms and interaction; and health in all policies).

The following summarises the key evidence that emerged from the assessment.

1. ***Food composition:*** Explicit food composition targets, standards or restrictions on the content of nutrients of concern in processed foods and in meals sold from food service outlets are non-existent. In addition, guidelines per food product or group are also not yet available. Nonetheless, there exist regulations and standards for manufacturing, importation, and selling of fortified foodstuff (e.g., maize flour and oil). While effort by government to promote food fortification is evident, compliance remains a challenge especially in meeting the minimum standards.

2. ***Food labelling:*** A regulatory system for food labelling (ingredients and nutrient declarations) are entrenched in the Food and Drugs Act, and enforced through the Uganda National Bureau of Standards (UNBS). However, there are no regulations on front of pack labelling system. Regulations on health claims and prohibiting false labelling also exist, but does not address non-labelling. There is no attempt to enforce labelling menu boards in restaurants, nor is there a consistent, single, simple and clearly visible system of labelling the menu boards in restaurants. In addition, no effort has been made to promote nutritional labelling understandable by all.

3. ***Food promotion***: Advertisement of unhealthy foods both in broadcast and non-broadcast media is weakly regulated, albeit the existence of general regulations under Uganda Communications Commission and Draft National Food and Medicine Authority Act 2017. There is no specific policy restricting advertisement of unhealthy foods in places where children spend most of their time such as schools. However, policy guidelines on marketing of breastmilk substitutes are in place, with emphasis on the importance of breastfeeding. Lastly, there is inadequate consumer awareness promotions, and campaigns against energy-dense, nutrient-poor 'junk' food (packaged food that is low in nutrient) so that people are encouraged to consume fresh food prepared through safe methods such as steaming and also have consumers that are reasonably informed to make informed food choices.

4. ***Food prices:*** Healthy foods are subsidised to a small degree. For example, natural fruit/vegetable juices containing more than 10% mass of standardised fruit/vegetable juice are exempted from the 13% excise levy. However, there are no considerations on the sugar content of the juices, and the taxes are not based on any public health interest, but mainly as a strategy to promote use of local products. Uganda is yet to effectively use taxes as a tool for healthy diet promotion. For instance, taxes on non-alcoholic beverages do not specifically target sugar content. Further, there is no evidence to demonstrate government actions to ensure that existing subsidies favour healthy foods and that food-related support programmes are for healthy foods.

5. ***Food provision:*** Evidence of government commitment to promote healthy food choices in educational institutions exists. This is mostly for educational institutions in which the Uganda School Health Policy of 2008 designates for provision of nutrition services. It encourages provision of nutritious and appealing meals in educational institutions, and discourages consumption of "energy-dense, nutrient-poor" foods like fine sugars. In addition, the country's policy and legislative environment promote fortified foods in schools for example, but these are not necessarily added to foods to encourage consumption of, i.e., fortified cooking oils, salt (although maize flour is also fortified). Nonetheless, there is no evidence of a policy to promote healthy food choices in the broader public setting, albeit existence of strategies advocating for healthier eating habits. Also, evidence remains weak on how schools and public sector organizations are supported to implement healthy food service policies.

6. ***Food in retail:*** While the Food and Drugs Act CAP 278 simply requires premises selling food to register with the local authority, there is no evidence to demonstrate effective zoning to place limits on the density of quick serve outlets selling unhealthy foods, and to encourage availability of outlets selling healthy foods. However, there are efforts to ensure a safe neighbourhood food environment (e.g., through market ordinances) of which, maintenance of hygiene in markets is still a big challenge, which suggests that existing market sanitation and hygiene regulations are not effectively implemented.

7. ***Food trade and investment:*** Most of the trade and investment agreements do not have provisions for risk impact assessment in relation to direct and indirect negative impacts on the population's nutrition and/or health status. Nonetheless, evidence shows high adoption of Non-Tariff Measures (NTMs) to ensure food and consumer goods safety, albeit challenges remain regarding enforcement. The national trade policy also implicitly addresses issues related to public health and nutrition, especially the development and implementation of a National Sanitary and Phytosanitary Measures Policy so as to protect human health.

8. ***Leadership:*** There is some political support for improving the food environment, with an emphasis on nutrition. This is seen in the establishment of; Uganda Food and Nutrition Policy in 2003; Uganda Nutrition Action Plan (UNAP) in 2011 with secretariat at the Office of the Prime Minister, and with coordination structures provided for at National and District levels; Presidential Initiative on Healthy Eating and Healthy Lifestyle (PIHEHL); the Nutrition Guidance for the General Population in the context of COVID-19 in Uganda; and National Nutrition Planning Guidelines of 2015. Uganda Nutrition Action Plan, and Strategic Action Plan for Prevention and Control of Aflatoxin in Uganda (2018/19 - 2023/24). Through the UNAP, the government of Uganda set specific intake targets for essential nutrients to be achieved by the end of the plan. Efforts to address malnutrition in the current policies and plans focus on eliminating micro-nutrient deficiency disorders (UNFP), preventing low birth weight through micronutrient supplementation (National Food and Nutrition Strategy - NFNS); and encouraging appropriate use of fortified complementary foods for child growth (NFNS).

9. ***Governance:*** There is no evidence of existence of procedures to restrict commercial influences, especially where there is conflict of interest with improving population nutrition. Nonetheless, there is consensus on the need to use evidence for food and nutrition policy development. In addition, some legislative commitment to increase access to nutrition information is noted, e.g. The Food and Nutrition Bill, 2009. Further, various MDAs have policy documents on their websites, although access to these online documents is limited by low internet penetration.

10. ***Monitoring and intelligence:*** Policies and other efforts in existence emphasize the need to monitor food and nutrition situation in the country. However, the effectiveness of monitoring framework is unclear, and coverage of the monitoring system is limited. For example, the Uganda Demographic and Health Survey (UDHS) provide data for monitoring overweight, obesity, child nutrition status, nutrition intake, and malnutrition. However, the survey is

implemented in five-year time interval creating long time lags to support frequent monitoring efforts. In addition, no evidence was found on regular use of anthropometric measures to monitor overweight and obesity, despite UDHS providing useful information. Efforts to monitor NCD risk factors and occurrence rates exist, especially through surveys such as the STEP survey and the UDHS. Further, the Health Management Information System (HMIS) provides data, which is essential for growth monitoring. To monitor some of the food safety indicators, the Aflatoxin Control Action Plan (ACAP) through its working group at MAAIF provides for periodic systematic collection and analysis of data regarding food safety.

11. ***Funding and resources:*** At least 13% of the budget allocated to public health services in 2020/21 was directed to NCDs, and health education, promotion and communication. In addition, the budget for the Ministry of Health provides for annual allocations for health research (e.g., UGX 788 million in FY 2020/21). However, this is a block allocation and not disaggregated to reflect research on food environment and NCDs. We also do not find specific evidence on allocation for research on multiple forms of malnutrition.

12. ***Platforms and interaction:*** Mechanisms and platforms for coordination of food and nutrition issues across sectors exist. These include nutrition coordination committees at sectoral level, functional Nutrition Technical Working Group, and the proposed Uganda Food and Nutrition Council in the Office of the Prime Minister. Specifically, nutrition coordination framework is at nine levels - The National Nutrition Forum (NNF), Policy Coordination Committee on Nutrition (PCCN), Implementation Steering Coordination Committee, Multi-Sectoral Nutrition Technical Coordination Committee (MSNTCC), MDA Nutrition Coordination Committee (NCC), Regional city and district NCCs, City division NCCs, municipal NCCs and regional city division NCCs, Municipal division NCCs and sub county/town council NCCs, Parish and ward NCC. The Nutrition Technical Working Group also provides a platform for regular interaction between government, development partners, and civil society organizations on development, implementation, and evaluation of healthy food policies. The Scaling Up Nutrition Movement platform also exists in Uganda. However, there is no evidence of a platform that is specifically for interaction between government and commercial food sector on implementation of healthy food policies.

13. ***Health in all policies:*** The National Health Policy (2010) calls for mainstreaming of health in all relevant policies. National Nutrition Planning Guidelines also exist to guide intervention planning at all levels and sectors. In addition, the current National Development Plan (NDP III) recognizes the importance of population nutrition in the country's development process. The NDPII also clearly provided for priority actions for addressing NCDs and these have already been captured in the draft UNAPII.

INTRODUCTION

Public health nutrition context

Non-Communicable Diseases (NCDs) pose a heavy burden of disease in Uganda, accounting for one third of adult deaths in the country (WHO, 2017). There is evidence of an increasing trend in the prevalence of nutrition-related NCDs (NR-NCDs) in Uganda, largely driven by obesity arising from unhealthy diets, therefore rapidly becoming a critical public health problem (Ayo et., 2012). For example; new annual cancer cases are rapidly rising, with current cases as high as 32,000; hypertension increased by 42% between 2012 and 2016; and similarly, diabetes cases increased by 7% over the same period[1]. The prevalence of overweight and obesity among children and adolescents in Low-and Middle-Income Countries (LMICs), including Uganda, increased from 8.1% to 12.9% among boys and from 8·4% to 13·4% among girls between 1980 and 2013 (Ng, 2014). A poor-quality diet is among the top contributors to the global burden of NCDs (PRICELESS, 2019). Specifically, for the case of NR-NCDs, the burden is associated with diets low in fruits and vegetables, high in sodium, low in nuts and seeds, low in whole grains, and low in seafood-derived omega-3 fatty acids.

Overconsumption of unhealthy diets over a long period of time is implicated in the onset of NR-NCDs (WHO, 2013). There is a steady rise in the demand for unhealthy diet especially in Kampala where the vast majority (90%) of the population consume fast foods (Ayo et al., 2017), most of which are 'street foods' sold mainly by informal street vendors. An unhealthy food environment is a major driver of these unhealthy dietary practices. There is convergence in the literature that availability of affordable, healthy food in retail or food service outlets allows the population to make healthier food choices. When healthy foods are unavailable, then there is a high likelihood that the population consumes foods that are higher in calories and lower in nutritional value, hence the high risk of NR-NCDs[2][3]

Urbanization and globalization of food production and marketing are two of the most important macro level factors fuelling the rise in the prevalence of obesity in LMICs (Caballero, 2007), which is of great concern given that by 2030 more than 50 percent of Africa's population will live in urban areas (Cohen, 2006). Given the surge in NR-NCDs, comprehensive actions by governments and the food industry are needed to halt the rise in obesity and reduce NR-NCDs by 25 percent by 2025, as targeted by the WHO (WHO, 2013), thereby meeting the related Sustainable Development Goals (SDGs) 2.2 and 3.4 by 2025. Empirical evidence on the food policy environment is important in guiding government actions.

Multiple burden of malnutrition in Uganda

Uganda, like several developing countries, is faced with multiple burden of malnutrition. Malnutrition in all its forms remains a serious health concern in the country, increasingly Uganda is experiencing the double burden of malnutrition, which is associated with high levels of undernutrition that co-exist with a growing prevalence of overweight and obesity[4] . The government is cognizant of the fact that the level of undernutrition in the country is at an unacceptably high level, close to 20% of the Ugandan population is undernourished, and 38% of children under the age of five are stunted (Republic of Uganda, 2011). These statistics translate to a large number of young children (2.3 million) who are chronically malnourished (ibid). The multiple burden of malnutrition in Uganda also manifests in terms of underweight in children (16% of children under the age of five categorized as underweight), wasting (6% of children wasted), and 12% of women being malnourished (ibid).

1 WHO. (2016). Burden of non-communicable diseases on the rise. World Health Organization (WHO) Africa, October 2016.
2 UNSCN. (2018). Non-Communicable Diseases, Diets and Nutrition. United Nations System Standing Committee on Nutrition (UNSCN). Information Brief, May 2018.
3 https://www.cdc.gov/obesity/strategies/healthy-food-env.html
4 https://www.fantaproject.org/sites/default/files/resources/Uganda_NSA_May2010.pdf

This burden of malnutrition, including undernutrition, overweight and obesity and diet related NCDs in the country necessitates instituting effective strategic government policy actions to reverse the trend. Due to the high level of multi-faceted malnutrition in Uganda, this pack made a deliberate effort to assess some specific aspects of policy actions aimed at curbing the multiple burden of malnutrition in the country.

Nutrition policy context

A recent NR-NCD landscape analysis in seven African countries including Uganda by Hoffman et al. (see - Chandon and Wansink, 2012), showed that the content of existing policies generally acknowledges the health impact of NCDs and the need to take action. However, many strategies do not contain specific policies, actions or recommendations to address NR-NCDs and there is a lack of coordination between different sectors (such as; health, agriculture, trade, and education among others). In addition, policy makers highlighted a need for local evidence with regards to risk factor exposure to enhance the evidence-base of potential regulatory action. Further, information is lacking on unhealthy foods and beverages with regards to consumption, their exposure to marketing and lobbying of industries. In addition, there is deficit of relevant emerging indicators and/or food environment parameters in large-scale household and facility surveys. Lastly, interventions to address commercial determinants of NR-NCDs are unlikely to be successfully implemented without monitoring the relevant outcome indicators, and evaluating efforts to measure their effectiveness. Accordingly, locally contextualized food environment-specific research, including monitoring government policy actions towards creating a healthy food environment is paramount as part of efforts for addressing NR-NCDs.

The INFORMAS framework

To contribute to the body of evidence on monitoring government actions, we employ the International Network for Food and Obesity/NCDs Research, Monitoring and Action Support (INFORMAS) framework. INFORMAS is a global network of public-interest organizations and researchers that aims to monitor, benchmark and support public and private sector policies and actions to create healthy food environments and reduce obesity, NR-NCDs and their related inequalities globally. The INFORMAS framework enables benchmarking of food environments between countries, and monitoring of progress over time within countries. Through this monitoring and benchmarking, INFORMAS aims to strengthen the accountability systems needed to help reduce the burden of obesity, NR-NCDs and their related inequalities.

In developing this report (i.e., evidence pack), we have utilized the INFORMAS module on the Food Environment Policy index (Food EPI), focusing on monitoring the implementation of priority policies and actions on food environment by government compared to best practice.

Based on the INFORMAS framework, this evidence pack focuses on 7 policy domains and 6 infrastructure domains, and a total of 55 good practice indicators within these. It is important to note that traditionally, there are 47 indicators in the INFORMAS module, however, due to high prevalence of double burden of malnutrition in Uganda, this evidence pack included additional indicators that take into account the double burden of malnutrition, hence making the total of 55 indicators. Each good practice statement is accompanied by a summary of the evidence found. Evidence on policy implementation in this pack considers: the entire policy cycle, from agenda setting through to policy design and development, implementation, and monitoring. Evidence is defined in a broad perspective, including: commitment of leadership to explore policy options; instituting steering committees, working groups, taskforce, and expert panel among others; reviews and audits including scoping studies; consultation initiatives; policy proposals for considerations; regulatory and health impact assessments; regulations, legislation, and other published policy details; monitoring data; and policy evaluations.

HEALTHY FOOD ENVIRONMENT POLICY INDEX: POLICY DOMAINS

DOMAIN 1 - FOOD COMPOSITION

Food composition targets/standards/restrictions for processed foods: There are government systems implemented to ensure that, where practicable, processed foods minimise the energy density and the nutrients of NCD concern (salt, saturated fat, trans fat, added sugar) and promote large scale food fortification of healthy foods to increase the availability of critical nutrients/micronutrients to address micronutrient deficiencies in vulnerable at population level e.g. Zinc, Iron, Vitamins etc.

Summary of findings

Evidence search shows that there are no explicit food composition targets, standards or restrictions on the content of nutrients of concern in processed foods and in meals sold from food service outlets. Explicit food composition guidelines per product (or food item) are also not yet available. Nonetheless, there exist regulations and standards for manufacturing, importation, and selling of fortified foodstuffs. The Food and Drugs Act empowers the Minister of Health (MoH) to issue regulation requiring, prohibiting or regulating the addition of any specified substance, or any substance of any specified class, to food intended for sale for human consumption or any class of such food, or the use of any such substance as an ingredient in the preparation of such food, and generally for regulating the composition of such food. In addition, the Public Health Act empowers the ministry of health to make rules and policies regarding the licensing, regulation and inspection of service points.

There is significant effort by government through the regulations, policies, plans, and programs to promote food fortification to increase availability of micronutrients in staple or commonly consumed foods (e.g., maize), but this doesn't necessarily focus on healthy foods, as such, some energy-dense/nutrient poor food products (sugars, fats & oils) are included in the country's mandatory fortification policy. Further, evidence shows compliance gaps in meeting the minimum standards among private sector actors.

COMP 1	
Food composition targets/standards/restrictions have been established by the government for the content of the nutrients of concern (trans fats, added sugars, salt, saturated fat) in industrially processed foods, in particular for those food groups that are major contributors to population intakes of those nutrients of concern	
Definitions and scope	• Includes packaged foods manufactured in country X or manufactured overseas and imported to country X for sale. • Includes packaged, ready-to-eat meals sold in supermarkets. • Includes mandatory or voluntary targets, standards (e.g., reduce by X%, maximum mg/g per 100g or per serving). • Includes legislated ban on nutrients of concern. • Excludes legislated restrictions related to other ingredients (e.g. additives). • Excludes mandatory food composition regulation related to vitamins and micronutrients (e.g. folic acid or iodine fortification) • Excludes food consumption standards/targets for fibre, healthy ingredients like fruits and vegetables • Excludes food composition of ready-to-eat meals sold in food service outlets (see COMP2) • Excludes general guidelines advising food companies to reduce nutrients of concern. • Excludes the provision of resources or expertise to support individual food companies with reformulation. • Industrially processed foods are the processed and ultra-processed foods according to the **NOVA classification** (please find the complete definitions here: https://world.openfoodfacts.org/nova): • Processed foods, such as bottled vegetables, canned fish, fruits in syrup, cheeses and freshly made breads, are made essentially by adding salt, oil, sugar or other substances from Group 2 (processed culinary ingredients) to Group 1 (unprocessed or minimally processed) foods. • Ultra-processed foods, such as soft drinks, sweet or savoury packaged snacks, reconstituted meat products and pre-prepared frozen dishes, are not modified foods but formulations made mostly or entirely from substances derived from foods and additives, with little if any intact Group 1 (unprocessed or minimally processed foods) food. The overall purpose of ultra-processing is to create branded, convenient (durable, ready to consume), attractive (hyper-palatable) and highly profitable (low-cost ingredients) food products designed to displace all other food groups.
Context	• A key specific objective of the Uganda Food and Nutrition Policy of 2003 (UFNP - 2003) is to ensure availability and accessibility of food in the quantities and qualities sufficient to satisfy the dietary needs of individuals in a sustainable manner, however there is no clarity on the definition of dietary quality in relation to the nutrients of concern. Uganda is still using the 2003 policy; an updated version was not found. • General food standards (e, g food handling, packaging, labelling) have been established by the Uganda National Bureau of Standards (UNBS). Nonetheless, these standards are not peculiar to Non-Communicable Diseases (NCDs) but rather general and largely guided by international standards. • The government of Uganda uses the Nutrient Profiling Model for the WHO African Region that differentiates between the admissible and recommended diet composition. This model classifies foods and beverages (non-alcoholic) according to their contribution of "energy, saturated fats, trans-fats, sugars or salt." The model has four aims among which is to "guide national policy-making and regulation related to food labelling, and health or nutrition claims by food manufacturers." The model's nutrient goals were set following the WHO guidance to prevent Obesity and related NCDs. The model has a section on food categories and the acceptable nutrient thresholds. Link for details: https://apps.who.int/iris/handle/10665/329956. This nutrient profile model is categorised for children, so it does not apply for the entire population. It applies to children and adolescents (2-19yrs) as it's a tool for implementing WHO recommendations on the marketing of foods and non-alcoholic beverages to children.

Evidence of implementation	▪ There are no explicit food composition targets, standards or restrictions on the content of nutrients of concern in processed foods set by the government of Uganda. ▪ The National Food and Nutrition Strategy (NFNS) (2005), provides for adoption of Supply-side policies (such as encouraging the production of healthier foods, and controls on the fat content of processed foods to curtail increase in obesity and diet-related NCDs in Uganda). However, there is no evidence on development of such policies, apart from the proposal made in the NFNS on adoption of policies that encourage production of healthier foods, and controls on the fat content of processed foods. ▪ The Food and Drugs Act empowers the MoH to issue regulation requiring, prohibiting or regulating the addition of any specified substance, or any substance of any specified class, to food intended for sale for human consumption or any class of such food, or the use of any such substance as an ingredient in the preparation of such food, and generally for regulating the composition of such food. However, no regulations were found in relation to the content of the nutrients of concern in processed foods.
Comments/ notes	-Policies, laws and strategies exist but none has set targets/restrictions on food nutrition content of industrially processed foods. According to information from UNBS, some general standards regulating food composition exist, but the challenge is limited enforcement in the food industry and sector at large. -The UFNP (2003) provides for standards and quality control, for food (manufactured locally or imported) to be nutritious, safe and conforms to standards of UNBS.
International benchmark	**1)** ***ARGENTINA***: In December 2013, the Government adopted a law on mandatory maximum levels of sodium permitted in meat products and their derivatives, breads and farinaceous products, soups, seasoning mixes and tinned foods (Act 26905) which entered into force in December 2014. The law is applicable to salt levels in restaurant dishes. The law includes gradual reductions (between 5% and 18% of reduction). Infringements by producers and importers may be sanctioned, the most severe penalties being fines of up to one million pesos, in case of repeat infringements up to ten million pesos, and the closing of the business for up to five years (1, 2). The text of the legislation and specific reduction targets can be found on the Ministry of Health of Argentina website (3). The legislation is embedded into a wider initiative (Less Salt, More Life) which also includes the reduction of salt in processed foods through voluntary agreements with manufacturers, retailers and bakers, and public awareness of the health effects and the need to reduce discretional salt. To date about 60 companies representing 487 processed food products and more than 9000 bakeries have signed the voluntary agreement (2). **2)** ***SOUTH-AFRICA***: In 2013, the South African Department of Health adopted mandatory targets for salt reduction in 13 food categories (including bread, breakfast cereals, margarines and fat spreads, savoury snacks, processed meats as well as raw-processed meat sausages, dry soup and gravy powders and stock cubes) by means of regulation (Foodstuffs, Cosmetics and Disinfectants Act). There is a stepped approach with food manufacturers given until June 2016 to meet one set of category-based targets and another three years until June 2019 to meet the next (2, 4). The specific reduction targets for each of the food groups can be found in the Staatskoerant of 20 March 2013 (5). **3)** ***DENMARK***: A law introduced in 2003 prohibits the sale of products containing *trans*-fats, a move that effectively bans its use in products destined for sale on the Danish market (2, 6). The law is enforced by local authorities under the supervision of the Danish Veterinary and Food Administration. Infringement of the law may incur a fine or imprisonment, and companies can be prosecuted according to the Danish Penal Code. **4)** ***UK:*** In August 2016 the Government published 'Childhood obesity: A plan for action'. This included a commitment for Public Health England (PHE) to oversee a sugar reduction programme. This challenges all sectors of the food industry to reduce by 20% by 2020 the level of sugar in the categories that contribute most to the intakes of children up to 18 years. Industry was also challenged to achieve a 5% reduction in the first year of the Programme **(X2)**. **5)** ***EU & UK***: In 2012, under the directive 2012/12/EU of The European Parliament and the Council, an amendment of Council Directive 2001/112/EC outlined that addition of sugars is no longer authorised in fruit juice (7). Similarly, added sugar in fruit juice is no longer permitted under The Fruit Juices and Fruit Nectars Regulations 2013 (8). **6)** ***FRANCE***: As part of the French National Nutrition and Health Programme (PNNS), the Ministry of Health established a Charter of Engagement with the food industry (2008). One area of action is improving the nutritional composition of food products by reducing the amount of salt, sugar, total and saturated fats and increasing the amount of fibre. Any entity with an economic interest in the food industry is eligible to submit nutritional commitments. Nine principles are detailed: compliance, honesty, efficiency, retroactivity, fairness, transparency, monitoring, updating, and confidentiality. Commitments must be clear, accurate, precise, dated, and controllable. To date, over 35 companies have made voluntary commitments, which are reviewed and approved by an external committee of 24 public sector experts to ensure they are "significant". There is a strict follow-up. The approved charters are signed by the food industry and monitored by the Food Quality Observatory (created in 2008) (2, 9).

COMP 2	
Food composition targets/standards/restrictions have been established by the government for the content of the nutrients of concern (trans fats, added sugars, salt, saturated fat) in meals sold from food service outlets, in particular for those food groups that are major contributors to population intakes of those nutrients of concern.	
Definitions and scope	▪ Meals sold at food service outlets include foods sold at quick service restaurants, dine-in restaurants and take-away outlets, coffee, bakery and snack food outlets (both fixed outlets and mobile food vendors). This also includes foods from catering operations and delivery meals. ▪ Includes legislated bans on nutrients of concern ▪ Includes mandatory or voluntary targets, standards (i.e. reduce by X%, maximum mg/g per 100g or per serving) ▪ Excludes legislated restrictions related to other ingredients (e.g. additives) ▪ Excludes mandatory out-of-home meal composition regulations related to vitamins and micronutrients, e.g., folic acid or iodine fortification ▪ Excludes food consumption standards/targets for fibre, healthy ingredients like fruits and vegetables ▪ Excludes general guidelines advising food service outlets to reduce nutrients of concern ▪ Excludes the provision of resources or expertise to support food service outlets with reformulation
Context	The Public Health Act (PHA) empowers the MoH to make rules and policies regarding the licensing, regulation and inspection of hotels, restaurants, cafés, and eating houses, and the regulation of the preparation and sale of food by hawkers - see Section 104(2) PHA.
Evidence of implementation	▪ No evidence of specific food composition targets, standards, or restrictions on the content of nutrients of concern and in meals sold from food service outlets. ▪ Uganda has not made a distinction in their policy documents between nutrients of concern in industrially processed foods and in meals sold from food service outlets hence no specific evidence.
Comments/ notes	Policies, laws and strategies have no set targets targets/restrictions on food nutrition content for meals sold in market places etc. The Food and Drugs Act also empowers the MoH to issue regulation requiring, prohibiting or regulating the addition of any specified substance, or any substance of any specified class, to food intended for sale for human consumption or any class of such food, or the use of any such substance as an ingredient in the preparation of such food, and generally for regulating the composition of such food Section 104 (2) Public Health Act.

International benchmark	**1)** ***NEW YORK***: In 2006, New York City's Health Code was amended to restrict the amount of *trans*-fats allowed in food served by all food service establishments required to hold a license from the New York City Health Department, including restaurants, bakeries, cafeterias, caterers, mobile food vendors, and concession stands. The maximum amount of *trans*-fat allowed per serving is 0.5g. Violators are subject to fines of $200.00 to $2,000.00. A range of other US cities have since followed suit and banned restaurants from serving *trans* fats (13). **2)** ***US***: In June 2015, the US Food and Drug Administration determined that partially hydrogenated oils (PHOs), the primary source of trans fats, are not "generally recognized as safe (GRAS)" for any use in food. Food manufacturers had three yeas to remove them from products. As of 18 June 2018, food manufacturers and restaurants are no longer allowed to produce foods that contain PHOs. **3)** ***NEW YORK***: In 2009, New York City established voluntary salt guidelines for various restaurant and store-bought foods. In 2010, this city initiative evolved into the National Salt Reduction Initiative that encouraged nationwide partnerships among food manufacturers and restaurants involving more than 100 city and state health authorities to reduce excess sodium by 25% in packaged and restaurant foods. The goal is to reduce Americans' salt intake by 20% over five years. The National Salt Reduction Initiative has worked with the food industry to establish salt reduction targets for 62 packaged foods and 25 restaurant food categories for 2012 and 2014. The commitments and achievements of companies have been published online (14). **4)** ***NEW ZEALAND***: In New Zealand, The Chip group, funded 50% by the Ministry of Health and 50% by industry, aims to improve the nutritional quality of deep-fried chips served by food service outlets by setting an industry standard for deep frying oils. The standard for deep frying oil is maximum 28% of saturated fat, 3% linoleic acid and 1% of *trans*-fat. The Chip group oil logo for use on approved oil packaging was developed in 2010 (15). **5)** ***THE NETHERLANDS***: On January 2014, the Dutch Ministry of Health, Welfare and Sport signed an agreement with trade organizations representing food manufacturers, supermarkets, hotels, restaurants, caterers and the hospitality industry to lower the levels of salt, saturated fat and calories in food products. The agreement includes ambitions for the period up to 2020 and aims to increase the healthiness of the food supply. Under the agreement, the aim is to reduce the amount of salt consumed in food from 9g to a maximum of 6g a day by 2020 (2, 16).
COMP 3	
The Government implements mandatory large-scale food fortification programs to increase availability of micronutrients in staple foods (e.g., iron, folate, vitamins, zinc) already available to all population groups.	
Definitions and scope	• Fortification refers to the practice of deliberately increasing the content of an essential micronutrient, i.e., vitamins and minerals (including trace elements) in a food, so as to improve the nutritional quality of the food supply and provide a public health benefit with minimal risk to health. • Large-scale food fortification refers to the addition of micronutrients to foods commonly consumed by the general public, such as flour, cereals, condiments and milk • "Fortified food" means food into which one or more micronutrients have been added

Context	• In addition to high rates of chronic malnutrition, Uganda's malnutrition problem is also associated with micronutrient deficiencies, especially of Vitamin A and iron. For example, vitamin A deficiency prevalence rate is 5.4%, and iron deficiency anaemia prevalence rate is more than 50% (see details in Uganda Food and Nutrition Policy, 2003). According to the latest Uganda Demographic and Health Survey (UDHS 2016), among last-born children aged 6-23 months living with their mothers, 67% ate foods rich in vitamin A, and 40% ate foods rich in iron. Rural children are less likely (38%) to have eaten iron-rich foods than urban children (47%). In addition, only 8% of children aged 6-23 months had received Vitamin and Mineral Powder supplements. • Efforts to encourage consumption of fortified foods especially by the vulnerable groups such as the women and the children below fifteen stems as early as 2000 when the Government of Uganda took a deliberate move to expand fortification of commonly consumed food products. The move was motivated by the need to reduce micronutrient deficiency. In this regard, maize flour and oil/fats were identified for fortification with vitamins A and B complex and iron (maize) and vitamin A (edible oil and fat). To pursue this drive, the Ministry of Health established a multi-sectoral National Working Group on Food Fortification (NWGFF) in 2002, which oversaw the establishment and implementation of the National Food Fortification Programme (NFFP). In 2007, the Uganda NFFP received a grant of $2.4 million from the Global Alliance for Improved Nutrition to fortify vegetable oil with vitamin A; maize and wheat flours with vitamin A, folic acid, vitamins B-12, B-1, B-2, B-6, niacin, zinc and iron. • The MoH developed the "five-year multi-sectoral National Anaemia Prevention and Control Strategy, the National Industrial Food Fortification Strategy, and corresponding budgets, action plans, and monitoring and evaluation frameworks, with funding and support from USAID (SPRING project) between 2016 and 2017." This project supported the industrial fortification of wheat, maize and oil, promoted fortified foods through broadcast and print media, in schools and hospitals, built capacity of Food fortification stakeholders in assessing micronutrient levels, laboratory testing, certification, enforcing regulations as well as conducting operational research in food fortification. It also revived the National Working Group on Food Fortification (NWGFF). https://www.spring-nutrition.org/sites/default/files/media/infographics/downloads/spring_uganda_infographic.pdf • National food fortification programs are occasionally monitored; and the findings used to improve food fortification in Uganda. The MoH coordinates all food fortification stakeholders in Uganda. Maize flour, wheat flour and vegetable oil are fortified by some of medium and large-scale millers in the country. The industries that fortify their products have a fortified quality mark on their product labels.

Evidence of implementation	There is significant effort by government to promote food fortification aimed at increasing availability of micronutrients in staple foods. The foods that are mainly fortified include maize flour, wheat flour, sugar, salt and oil/fats while the main fortificants include vitamin A, folic acid, vitamins B-12, B-1, B-2, B-6, niacin, zinc, iron and iodine. The government's efforts on food fortification are visible in the policies, regulations, standards, programs and plans, as discussed below. ▪ The Food and Drugs (Food Fortification) Regulations, 2005[1] and The Food and Drug (Food Fortification) (Amendment) Regulations, 2011 (No.53) is a mandatory food fortification regulations for Wheat flour, Maize flour and edible vegetable fats. The regulations stipulate that for *"all foodstuffs in Uganda shall be fortified in accordance with national standards".* This regulation requires commercial processors of wheat white and brown flour, imported or locally processed), maize and edible fat with capacity of twenty metric tonnes in twenty-four continuous hours must fortify their product. ▪ The UNBS has established standards for fortification of milled maize products prepared from grains of common maize (US EAS 768:2019); common wheat flour prepared from common wheat (Triticum aestivum L.), club wheat (T. compactum Host.) or a mixture of the two types of wheat flour (US EAS 767:2019); and sugar both brown sugars, fortified plantation (mill) white sugar intended for direct human consumption (US EAS 770:2012). However, although no producers currently fortify sugar, there is potential contradiction in regard to fortifying sugar and the need for preventing obesity. ▪ UNBS has standards for edible fats and oils, applicable to fat spreads, and blended spreads (US EAS 769:2019); and fortified food grade salt, applicable to coarse salt, crushed salt and table salt intended for human consumption (US EAS 35:2012) for nutrients such as iodine and iron. The Uganda standards present levels of micronutrients that are used for monitoring during production and marketing. ▪ The Food and Drug (Fortification) Regulation of 2005 allows for the use of the official fortification logo for fortified foodstuffs which should be displayed on the label or at the point of sale, or on the shelf and within clear sight of the consumer or used in advertising of the products or promotion and advocacy for the food fortification program. ▪ The UFNP proposes promoting food fortification with appropriate micronutrients i.e., fortifying commonly used foods with recommended micro-nutrients and encourages appropriate use of fortified complementary foods for child growth. ▪ Uganda implements national fortification of salt with iodine, vegetable oils with Vitamin A, Iron in Maize and Wheat flours. This is provided for in the Uganda National Fortification Standards. The standards specify cut off points for nutrient content in fortified food. The cut offs are in categories of low, medium and high in regard to iodine in salt, Vitamin A in oil, and iron wheat and maize flour. ▪ The current National Development Plan (NDPIII) provides for improvement of child nutrition through the promotion of consumption of fortified foods in schools, and promotion of dietary diversification. ▪ The Foods and Drugs (Control of Quality) (Iodated Salt) Regulations 1997: A person shall not import, produce or market in Uganda for human or livestock consumption, any salt unless it is iodated with potassium iodate according to the UNBS ACT[2].

Comments/ Notes	While salt fortification with iodine is mandatory, some salt on the market has low levels of iodine, the levels are below the minimum requirements as per the standard, according to an assessment report[3]. A report on maize fortification indicates that only 4 out 28 maize millers were fortifying maize flour in 2017[4]. The same report confirmed that Maize, Wheat and sugar had micronutrients levels that fell in the recommended ranges. Millers are currently using two different standards for fortification, one according to US: EAS standards for national consumption of fortified foods, and one for export for humanitarian purposes hence the markets for the 2 products are different. The WFP standard uses half the premix of US: EAS standards so the lower concentration of micronutrients in the flour. However, the products in the national markets are up to standard but unfortunately few millers use the US: EAS standards due to no profit margin & market. The argument is therefore - align to increase compliance to the mandatory fortification standards since having two premix standards is difficult for millers in terms of enforcement and quality assurance through improving fortification knowledge and improving QA/QC measures[5]. The MoH has a 2021 running project on food fortification in Uganda, with task of reviewing existing food fortification regulations among others, this project is supported by USSAID. A number of food fortification standards have been harmonised at the East African level to enable extension of food fortification benefits to the people among all the Partner States. Regulations made by the MoH –Section 41[6] of the Food and Drugs Act specified the addition of one or more micronutrients by means of a fortification mix to a foodstuff intended for human consumption. Further, the Minister shall encourage and promote the fortification of staple foodstuffs and other processed foodstuffs to address identified micronutrient deficiencies in accordance with national standards.
International benchmark	EL SALVADOR: The coverage of fortified food in the general population is estimated at over 90% (44). The following are mandatory: - Wheat flour with iron, folic acid and other B complex vitamins (1995) - Maize flour with iron, folic acid and other B complex vitamins (2003) - Pasta with iron, folic acid, and other B complex vitamins (2010) - Iodized salt was done in phases. The second phase since 1993 - Sugar fortification with Vitamin A has been mandatory (1990) PHILIPPINES: The Republic Act No. 8976 established the Philippine Food Fortification Program for the prevention and limitation of nutritional deficiencies by requiring the fortification of processed foods or food products according to the Recommended Dietary Allowances (RDA). This applies to all imported and locally processed foods sold or distributed in the country (42) CANADA: Section B.13.001 (Food and Drug Regulations): In Canada mandatory enrichment of flour with B Vitamins, iron, calcium (as bone meal) and folic acid exists since the 1940s. This is considered the foundation of Canada's food fortification program to improve the nutritional quality of food for the population and reduce/ prevent nutrient deficiencies in the population (46,47)"mendeley":{"formattedCitation":"(46,47"mendeley":{"formattedCitation":"(46,47.

DOMAIN 2 - FOOD LABELLING

There is a regulatory system implemented by the government for consumer-oriented labelling on food packaging and menu boards in restaurants to enable consumers to easily make informed food choices and to prevent misleading claims.

Summary of findings

Evidence shows the existence of a regulatory system for food labelling entrenched in the Food and Drugs Act and the UNBS Act. The UNBS has established various labelling standards in line with the East African Standards for Nutrition Labelling. UNBS is also empowered by the UNBS Act to enforce labelling standards and verify labelling claims to ensure they are accurate. However, the Food and Drugs Act and the UNBS Act lack provisions for effective mechanisms to ensure compliance, the current sanctions for non-compliance are not deterrent.

There is limited consumer guidance due to no front-of-pack nutrition labelling. This may be associated with no evidence on interpretive, evidence-informed front-of-pack supplementary nutrition information system developed specifically for Uganda.

There is no evidence on labelling of added sugar and trans fats which is the case in some (although few) countries. In addition, there is no specific nutrient profiling model used to prevent less healthy or unhealthy foods from carrying nutrition and/or health claims.

LABEL 1	
Ingredient lists and nutrient declarations in line with Codex recommendations are present on the labels of all packaged foods	
Definitions and scope	▪ Includes packaged foods manufactured in Country X or manufactured elsewhere and imported to Country X for sale. ▪ Nutrient declaration means a standardized statement or listing of the nutrient content of a food ▪ Excludes health and nutrition claims (see 'LABEL 2') ▪ Includes trans fats and added sugar which are not part of the standard seven elements generally part of mandatory nutrient declarations (energy, total fat, saturated fat, trans fat, carbohydrates, sugar, protein, sodium).
Context	The Food and Drugs Act, CAP 278 provides regulatory measures on food labelling. The Act empowers the minister of health to issue regulations imposing requirements as to and otherwise regulating the labelling, marking or advertising of food intended for sale for human consumption, and the descriptions which may be applied to such food. No such regulations have been issued to require nutrient e.g. added sugar or trans fats in the list of ingredients. The Act is also not effectively implemented as there is no designated implementation agency compared to for example the control of drugs that are implemented by NDA. In effect, the Act lacks effective provisions to ensure compliance. Also, the penalties provided for contravention are too minor to enhance deterrence. This makes the Act to remain ineffectual. The penalty is too insignificant to make it effective – for example, the conviction is liable to a fine not exceeding two thousand shillings (less than a dollar).
Evidence of implementation	▪ Uganda, through UNBS has adopted East Africa Standards for Nutrition labelling requirements (EAS 803: 2014). These provide harmonized specifications for labelling of food products, including ingredient lists/nutrition information panels in food labels, aiming at informing consumer food choice. The standards require nutrition declaration (in numerical terms per 100 grams for solid foods and 100 millilitres for liquid foods and presented in tabular form) to be made for all pre-packaged foods - this applies to all packaged foods, whether locally packaged or imported. The mandatory declarations include; energy value, amount of proteins, carbohydrates, fat, saturated fats, trans fats, sodium, total sugars, the amount of any other nutrient for which a nutrition claim is made; and the amount of any other nutrient considered to be relevant for maintaining a good nutritional status. ▪ The Food and Drugs Act, CAP 278 provides regulatory measures on food labelling: The Act prohibits display, exposure or sale of foods with labels (printed or wrapped on containers, or not) which falsely describe the food. The Act also prohibits any label which is calculated to mislead as to the nutritional or dietary value of any food and mislabelling of injurious foods and adulterated drugs. ▪ The UNBS also has a National Standardization Strategy, 2019 – 2022, which specifies general rules for labelling and marking of containers for essential oils (ISO/TS 211:2014), labelling requirements for pre-packaged products (US 1028:2013) - these exclude labelling of foods that have other guidelines (UNBS 2020). ▪ In addition, UNBS has a standard for Nutrient labelling requirements of foods that applies to all foods other than foods for special dietary uses. https://webstore.unbs.go.ug/store.php?src=262&preview. ▪ The UNBS standards catalogue contains a list of standards. However, it does not introduce any provisions. ▪ The Weights and Measures (sale and labelling of goods) (Amendment) Rules, 2020 specifies the weights (of a list of foods) to be included on the labels, in the specified quantities in line with the Codex Alimentarius standards. These facilitate the calculation of the nutrients of interest, including fats, saturated fats, sodium, and total sugars (Government of Uganda, 2020). The mandatory declarations include; energy value, amount of proteins, carbohydrates, fat, saturated fat, sodium, total sugars, the amount of any other nutrient for which a nutrition claim is made; and the amount of any other nutrient considered to be relevant for maintaining a good nutritional status.

Comments/ notes	Declaration of nutritive value: The declaration of nutrition information shall contain the following information in the following order: a) The amount of energy, expressed in calories (kcal) and/or kilojoules (kJ) and the number of grams of protein, carbohydrate and fat per 100 grams of the foods as sold as well as per specified quantity of the food as suggested for consumption; and b) The total quantity of each vitamin, mineral, choline and any optional ingredient of the standard per 100 g of the food as sold as well as per specified quantity of the food as suggested for consumption. In addition, the declaration per 100 calories (or per 100 kilojoules) is permitted.
International benchmark	**1)** ***MANY COUNTRIES***: In a wide range of countries producers and retailers are required by law to provide a comprehensive nutrient list on pre-packaged food products (with limited exceptions), even in the absence of a nutrition or health claim. The rules define which nutrients must be listed and on what basis (e.g. per 100g/per serving) (20). **2)** ***SOME COUNTRIES***: A more limited number of countries (about N=10) require that nutrient lists on pre-packaged food must, by law, include the *trans*-fat content of the food. Specific rules generally define how the *trans*-fat content must be listed, and on what basis (e.g. per 100g/100ml or per serving). If the *trans*-fat content falls below a certain threshold, it may be listed as 0g (e.g. less than 0.5g per serving, or less than 0.3g per 100g of food product)(20). **3)** ***US***: The US Food and Drug Administration proposed updates to the Nutrition Facts label on food packages. Information on the amount of added sugars (in grams and as percent Daily Value) now needs to be included on the label, just below the line for total sugars (21).
LABEL 2	
Robust evidence-based regulations are in place for approving and/or reviewing claims on foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims.	
Definitions and scope	1. Nutrition claims include references to the nutritional content on food (e.g., low in fat). 2. Health claims include function claims, such as 'calcium strengthens bones') and disease risk reduction and therapeutic claims, such as 'A healthy diet rich in a variety of vegetables and fruit may help reduce the risk of some types of cancer') claims that relate to the relationship between a diet, a food or a property of a food and a health effect. 3. Includes the use of a nutrient profiling system to classify food products into permitted/not permitted to carry health claims and/or nutrition claims 4. 'Evidence-based' refers to regulations that are based on an extensive review of up-to-date research and expert input or a validated nutrient profiling model to inform decision-making about nutrition or health claims
Context	▪ The Government of Uganda established the Uganda National Bureau of Standards (UNBS) Act, CAP 321[7] and the Food and Drugs Act, CAP 278 which contribute to the regulation of claims on foods, so that consumers are protected against unsubstantiated and misleading nutrition and health claims. UNBS is empowered to ensure compliance with set standards. Food safety testing laboratories have been established by UNBS to test and verify claims on foodstuff.

Evidence of implementation	▪ There is no specific nutrient profiling model used to prevent less healthy or unhealthy foods from carrying nutrition and/or health claims. ▪ The Food and Drugs (Food Fortification) Regulations, 2005 clearly stipulate that a person shall not manufacture, import or sell foodstuff identified as fortified foodstuffs unless these have been fortified in accordance with the national food standards to ensure that the minimum level of the prescribed nutrients is maintained (Regulation 5). ▪ The Food and Drugs Act, CAP 278 provides regulatory measures on food labelling: The Act prohibits display, exposure or sale of foods with labels (printed or wrapped on containers, or not) which falsely describe the food. The Act also prohibits any label, which is calculated to mislead as to the nutritional or dietary value of any food and mislabelling of injurious foods and adulterated drugs. ▪ East Africa Standards on Nutrition labelling requirements (EAS 803: 2014), highlights that pre-packaged foods must show nutrient declaration on the label if nutrition or health claims are made. It is mandatory, once nutrient declaration is made, to include values of energy (including available carbohydrate, starch, sugars and amount of dietary sugars), amount of protein, fat, saturated fat, sodium, total sugars. Manufacturers must also include the amount of the nutrient for which the nutrition claim is made. If a claim is related to fat saturation, they must be classified into monounsaturated fatty acids, polyunsaturated fatty acids, and cholesterol should be declared, according to the national legislation. If the health claim/declaration is for vitamins and minerals, it is mandatory to include values, which are established according to their importance to the country. These exclude nutrient values in amounts less than 5 percent of the nutrient reference value. The standards have formulae for calculating all nutrient values (UNBS labelling standard, 2014). ▪ The UNBS has adopted the EAS for nutrition and health claims, US EAS 805:2014[8] and US EAS 804:2014[9], on claims on food, which specify conditions and maximum content of different compositions (energy, fats, saturated fats, cholesterol, sugars, sodium, etc.) for claims of low, very low or free. Also see the link: http://www.puntofocal.gov.ar/notific_otros_miembros/uga450_t.pdf ▪ The Food and Drugs Act, CAP 278 prohibits the sale, or offer or expose for sale, for human consumption — any substance which resembles cream in appearance, but is not cream; or any article of food containing such a substance, under a description or designation which includes the word “cream” - Section 17 of the Food and Drugs Act. ▪ The Food and Drugs Act prohibits any manufacturer or distributor from labelling, packaging, processing or offering for sale a prescribed product in a manner that is false, deceptive, misleading or likely to create an erroneous impression of the character, value, quantity, composition, merit or safety of the product - Section 5 of the Food and Drugs Act.
Comments/ notes	The East Africa Standards (EAS) on nutrition labelling requirements are quite comprehensive from which Uganda’s policies and labelling standards are based. UNBS has the mandate to ensure evidence-based regulations are followed to avoid victimisation. However, nutrient declaration is conditional upon making claims. This means that producers may choose not to make any claim and will not be assessed based on the standards. This is not the best provision since someone may choose not to make any claim. No nutrient profiling model is used to prevent less healthy or unhealthy foods from carrying nutrition and/or health claims.

International benchmark	**1)** ***AUSTRALIA/NEW ZEALAND***: A law (Standard 1.2.7)(25), approved in 2013, regulates the use of nutrition content and health claims on food labels in Australia and New Zealand. Health claims must be based on pre-approved food-health relationships or self-substantiated according to government requirements and they are only permitted on foods that meet nutritional criteria, as defined by a nutrient profiling model (Nutrient Profiling Scoring Criterion (NPSC)) taking into account energy, sodium, saturated fat and total sugar content of foods, as well as protein, fibre, fruit, vegetable, nut and legume content of foods. Although nutrition content claims also need to meet certain criteria set out in the Standard, there are no generalized nutritional criteria that restrict their use on "unhealthy" foods such as for health claims. The industry needed to comply with this new legislation by January 2016. Food Standards Australia New Zealand has developed an online calculator to help food businesses to calculate a food's nutrient profiling score(26). **2)** ***INDONESIA***: Regulation HK.03.1.23.11.11.09909 (2011) (27) on "The Control of Claims on Processed Food Labelling and Advertisements" establishes rules on the use of specified nutrient content claims (i.e. levels of fat for a low fat claim). The Regulation applies to any food product or beverage which has been processed. Generally, any nutrition or health claim may only be used on processed foods or beverages if they do not exceed a certain level of fat, saturated fat and sodium per serving (13g total fat, 4g saturated fat, 60mg cholesterol and 480mg sodium). The Regulation sets out certain exceptions from this rule, whereby products exceeding these limits may still contain certain nutrient or health claims ("low in [name of nutrient]" and "free from [name of nutrient]" claims; claims related to fibre, phytosterol and phytostanol; certain disease risk reduction claims)(20). **3)** ***US***: Nutrient-content claims are generally limited to a list of nutrients authorized by the Food and Drug Administration (Food Labelling Guide 1994, as last revised in January 2013). Packages containing a nutrient-content claim must include a disclosure statement if a serving of food contains more than 13g of fat, 4g of saturated fat, 60mg of cholesterol, or 480mg of sodium. Health claims are generally not permitted if a food contains more than 13g of fat, 4g of saturated fat, 60mg of cholesterol, or 480mg of sodium. Sugar and whole grain content are not considered (20, 28).

LABEL 3	
A single, consistent, interpretive, evidence-informed front-of-pack supplementary nutrition information system, which readily allows consumers to assess a product's healthiness, is applied to packaged foods.	
Definitions and scope	• Nutrition information systems include traffic light labelling (overall or for specific nutrients); Warning labels; Nutriscore; star or points rating; percent daily intake. • Keyhole and Finish heart symbol are not considered FOP labelling systems (but rather claims). • 'Evidence-informed' refers to systems that utilise robust criteria (based on an extensive review of up-to-date research and expert input) or a validated nutrient profiling model to inform decision-making about the product's healthiness.
Context	There is no specific nutrition profiling model for Uganda. However, Uganda relies on the Nutrient Profiling Model for the WHO African Region that differentiates between the admissible and recommended nutrient composition. This model only applies to children and adolescents (2-19 years), and classifies foods and beverages (non-alcoholic) according to their contribution of "energy, saturated fats, trans-fats, sugars or salt." The model has four aims among which is to "guide national policy-making and regulation related to food labelling, and health or nutrition claims by food manufacturers." The model's nutrient goals were set following the WHO guidance to prevent obesity and related NCDs. The model has a section on food categories and the acceptable nutrient thresholds. Details are found in the link: https://apps.who.int/iris/handle/10665/329956. • The Nutrient Profile Model for the WHO Africa regions has a distinctive front-of-the park labelling system that is accompanied by an education program for both the young and adults.
Evidence of implementation	• No evidence exists about a specific interpretive, evidence-informed front-of-pack supplementary nutrition information system developed specifically for Uganda.

Comments / notes	Evidence suggests that food products in Uganda to some extent have back-of-pack labels on product packages with information about; nutrition, ingredients list, and a nutrition facts table or list (Spires et al. 2020). However, there is a proposal for UNBS to develop a guideline on front of pack nutrition labelling to be used in trade, and to guide market access and consumer awareness of unhealthy food consumption in relation to NCDs. The guideline will be based on the draft guideline under development at the Codex Committee for Nutrition and Food for Special dietary uses in liaison with Codex Committee on Food labelling. The draft report for consideration and approval of work was submitted by the electronic working group on Nutrition profile, 2021, discussion paper on General guidelines to establish nutrient profiles *For front-of-Pack Nutrition Labelling* (FOPNL).
International benchmark	**1)** ***UK***: Traffic light labelling has been recommended for use in the UK since 2006. In 2013, the Government published national guidance for voluntary 'traffic light' labelling for use on the front of pre-packaged food products. The label uses green, amber and red to identify whether products contain low, medium or high levels of energy, fat, saturated fat, salt and sugar. The format of the label and thresholds for nutrients of concern for red, amber and green can be found elsewhere (29). A combination of colour coding and nutritional information is used to show how much fat, salt and sugar and how many calories are in each product. The voluntary scheme is used by all the major retailers and some manufacturers (29). Traffic lights are displayed on about two thirds of UK food products. **2)** ***ECUADOR***: A regulation of the Ministry of Public Health published in November 2013 (No. 4522, El Reglamento de Etiquetado de Alimentos Procesados) requires packaged foods to carry a "traffic light" label in which the levels of fats, sugar and salt are indicated by red (high), amber (medium) or green (low). Full compliance with the regulation was required by 29 August 2014 (20). The legislation including format of the label and thresholds for nutrients of concern for red, amber and green can be found online (30). **3)** ***AUSTRALIA/NEW ZEALAND***: The government approved a 'Health Star Rating' (HSR) system as a voluntary scheme for industry adoption. The system takes into account four aspects of a food associated with increasing risk for chronic diseases; energy, saturated fat, sodium and total sugars content along with certain 'positive' aspects of a food such as fruit and vegetable content, and in some instances, dietary fibre and protein content. Star ratings range from ½ star (least healthy) to 5 stars (most healthy). Implementation of the HSR system began in June 2014 and is overseen by the Australia and New Zealand Ministerial Forum on Food Regulation, the Front-of-Pack Labelling Steering Committee, the Trans-Tasman Health Star Rating Advisory Committee, the New Zealand Health Star Rating Advisory Group and a recently established Technical Advisory Group. The Technical Advisory Group is currently evaluating progress as well as conducting a formal review of the HSR system, including an assessment of the underlying algorithm. In New Zealand, as of March 2016, about 900 products have stars on them (March 2016) (31). **4)** ***FRANCE***: On 26 January 2016, the French Ministry of Health introduced Article 5 of the Health Act that recommended introducing a system of nutrition labelling. The Directorate-General for Health requested public health France to design the nutrition labelling and the decision to recommend the Nutriscore system was informed by research that trialled four different types of nutrition labels in 80 supermarkets. The Nutriscore label uses a nutrient profiling system based on the UK Food Standards Agency model. It classifies foods and drinks according to five categories of nutritional quality indicated via a colour scale ranging from dark green to dark red. Each colour is also associated with a letter from A (dark green) to E (dark red). The score takes into account for every 100grams of product whether the contents of the product include nutrients and food that should be favoured (fibre, protein, fruits and vegetables) or nutrients that should be limited (energy, saturated fat, sugars and salt). The amount of nutrients per 100g is scored using a points systems (0-40 for negative nutrients and 0-15 for positive nutrients). The score is then calculated by subtracting the negative nutrient points from the positive nutrient points. **5)** ***CHILE***: In 2012, the Chilean Government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)(32). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. All foods that exceed these limits need to have a front-of-package black and white warning message inside a stop sign that reads "HIGH IN" followed by CALORIES, SATURATED FAT, SUGAR or SODIUM, as well as "Ministry of Health". A warning message needs to be added to products per nutrient of concern exceeding the limit (e.g. a product high in fat and sugar will have 2 stop signs). The regulatory norms provide specifications for the size, font, and placement of the warning message on products. The limits for calories, saturated fat, sugar and sodium are being implemented using an incremental approach, reaching the defined limits by 1 July 2018 (20). Although no studies are available yet, the regulation is reported to be already well implemented with many products already carrying the warning labels.

LABEL 4	
A consistent, single, simple and clearly-visible system of labelling the menu boards of all quick service restaurants (i.e., fast-food chains) is applied by the government, which allows consumers to interpret the nutrient quality and energy content of foods and meals on sale.	
Definitions and scope	• Quick service restaurants: This definition includes fast food chains as well as gas stations, kiosks, coffee, bakery and snack food chains. It may also include supermarkets where ready-to-eat foods are sold. • Definition Euromonitor: Fast food outlets offer limited menus that are prepared quickly. Customers order, pay and pick up their order from a counter. Outlets tend to specialize in one or two main entrees such as hamburgers, pizza, ice cream, or chicken, but they usually also provide salads, drinks, dessert etc. Food preparation is generally simple and involves one or two steps, allowing for kitchen staffs generally consisting of younger, unskilled workers. Other key characteristics include: (i) A standardised and restricted menu; (ii) Food for immediate consumption; (iii) Tight individual portion control on all ingredients and on the finished product; (iv) Individual packaging of each item; (v) Counter service; (vi) A seating area, or close access to a shared seating area, such as in a shopping centre food court; (vii) For chained fast food, chained and franchised operations which operate under a uniform fascia and corporate identity; (viii) Take out is generally present, as is drive-through in some markets. • Labelling systems: Includes any point-of-sale (POS) nutrition information such as total kilojoules; percent daily intake; traffic light labelling; star rating, or specific amounts of nutrients of concern, salt warning labels. • Includes endorsement schemes (e.g., accredited healthy choice symbol) on approved menu items
Context	The Kampala City Capital Authority (KCCA) – only handles trading licences, hygiene and safety issues in the food service industry, but not the nutritional quality.
Evidence of implementation	• No specific evidence found on consistent, single, simple and clearly-visible system of labelling the menu boards in restaurants.
Comments/ notes	No regulations exist, not under the UNBS Act, on labelling of restaurant or fast food outlets menu to allow consumers to interpret the nutrient quality and energy content of foods and meals on sale.

International benchmark	**1)** ***SOUTH KOREA***: Since 2010, the Special Act on Safety Control of Children's Dietary Life has required all chain restaurants with 100 or more establishments to display nutrient information on menus including energy, total sugars, protein, saturated fat and sodium (20). **2)** ***TAIWAN***: Since July 2015, convenience store chains, drink vendor chains and fast food chains have to label the sugar and caffeine content of prepared-when-ordered drinks (e.g. coffee-and-tea-based drinks, fruit and vegetable juices) according to a regulation based on the Food Safety and Sanitation Act. The amount of sugar added to drinks (specified in sugar cubes) and its calorie content have to be displayed on drink menus and/or notice boards in a prescribed minimum font. In addition, different colours have to be used to signal the level of caffeine contained in coffee drinks (20). **3)** ***US***: Section 4205 of the Patient Protection and Affordable Care Act (2010) (35) requires that all chain restaurants with 20 or more establishments display energy information on menus. The implementing regulations were published by the Food and Drug Administration on 1 December 2014. Implementation has been delayed several times until May 2018. Two states (California and Vermont), seven counties (e.g. King County, WA and Albany County NY) and two municipalities (e.g. New York City, Philadelphia) have already implemented regulations requiring chain restaurants (often chains with more than a given number of outlets) to display calorie information on menus and display boards. These regulations will be pre-empted by the national law once implemented; local governments will still be able to enact menu labelling regulations for establishments not covered by national law. The regulations also require vending machine operators of more than 20 vending machines to post calories for foods where the on-pack label is not visible to consumers by 26 July 2018 (20). **4)** ***AUSTRALIA***: Legislation in Australian Capital Territory (Food Regulation 2002) and the States of New South Wales (Food Regulation 2010), South Australia (Food Regulation 2002) and Queensland (Food regulation March 2017) requires restaurant chains (e.g. fast food chains, ice cream bars) with $\geq$20 outlets in the state (or seven in the case of ACT), or 50 or more across Australia, to display the kilojoule content of food products on their menu boards. Average adult daily energy intake of 8700kJ must also be prominently featured. Other chains/food outlets are allowed to provide this information on a voluntary basis, but must follow the provisions of the legislation (20). **5)** ***NEW YORK***: Following an amendment to Article 81 of the New York City Health Code (addition of section 81.49), chain restaurants are required to put a warning label on menus and menu boards, in the form of a salt-shaker symbol (salt shaker inside a triangle), when dishes contain 2,300 mg of sodium or more. It applies to food service establishments with 15 or more locations nationwide. In addition, a warning statement is required to be posted conspicuously at the point of purchase: "Warning: [salt shaker symbol] indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke." This came into effect 1 December 2015 (20, 36).

DOMAIN 3 - FOOD PROMOTION

There is a comprehensive policy implemented by the government to reduce the impact (exposure and power) of promotion of unhealthy foods including breastmilk substitutes, to children across all media.

- Exposure of food marketing concerns the reach and frequency of a marketing message. This is dependent upon the media or channels which are used to market foods.
- The power of food marketing concerns the creative content of the marketing message. For example, using cartoons or celebrities enhances the power (or persuasiveness) of a marketing message because such strategies are attractive to children.

Summary of findings

The regulatory regime is generally weak/inefficient in protecting children from being exposed to unhealthy foods. Evidence identified reveals that advertisement of unhealthy foods both in broadcast and non-broadcast media is weakly regulated, albeit the existence of general regulations under UCC and Draft National Food and Medicine Authority Act 2017. There is also no specific policy restricting advertisement of unhealthy foods in places where children spend most of their time such as schools. Evidence shows advertisements for unhealthy foods around schools in urban areas outnumber those for healthy foods.

On a positive note, in relation to marketing of breastmilk substitutes, there exist policy guidelines, such as that on infant and young child feeding which emphasises the importance of breastfeeding and restricts the advertisement of breast milk substitutes and other products to the public.

PROMO 1	
Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children including adolescents through broadcast media (TV, radio).	
Definitions and scope	▪ Includes mandatory policy (i.e., legislation or regulations) or voluntary standards, codes, guidelines set by government or by industry where the government plays a role in development, monitoring, enforcement or resolving complaints (i.e., co-regulation). ▪ Includes free-to-air and subscription television and radio only (see PROMO2, PROMO3 and PROMO5 for other forms of media). ▪ Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day.
Context	▪ The Draft National Food and Drug Authority Act, 2017 functions include regulating the importation, exportation, distribution and sale of food. The Bill has provisions for packaging, advertising, promotions and labelling of products (food and drug products) ▪ **Nutrient Profile Model for the WHO Africa Region** (2019) exists and it is a tool for implementing WHO recommendations on the marketing of foods and non-alcoholic beverages to children. The model covers young children and adolescents. WHO member states (including Uganda) are expected to use it as a strategy for improving national diets and prevent the double burden of malnutrition. It is used to identify foods whose advertising should be restricted as part of the strategy to control the marketing of foods and non-alcoholic beverages to children. ▪ Uganda communications (Content) regulations[10] of 2019 requires a TV or radio operator to ensure that advertisements do not contain any description, claim or other material which may directly or by implication mislead members of the public in relation to the product or services advertised or about their suitability for the purpose recommended. Furthermore, an operator is required before broadcasting any advertisements to ensure that any description or claims in the advertisement are adequately substantiated. Although these regulations are not specific to food promotion or advertisements to children and adolescents, they cover a broad range of TV and radio advertisements, food inclusive. ▪ The Food and Drugs Act criminalises publication of any advertisement which falsely describes any food or misleads the public regarding the nature, substance or quality of any food. Particularly, prohibited advertisements are those which are calculated to mislead as to the nutritional or dietary value of any food ▪ Furthermore, Government through the Food and Nutrition Policy commits to monitoring and regulating the promotion and advertisement of food supplements.
Evidence of implementation	▪ There is no specific evidence of policy in Uganda to restrict exposure and power of promotion of unhealthy foods to children including adolescents through broadcast media, with exception of general regulations. ▪ In 2015, the President of Uganda signed the Children Act Amendment Bill, and its implementation started in April 2016. In the Amendment Bill, clause four "provides for full rights of the child to ensure that children have "access to information to which a parent or guardian deems necessary for the child's growth and well-being." However, the bill does not cover the advertisement of unhealthy foods to children and adolescent.

Comments/ notes	The draft National Food and Drug Authority Act, 2017 specifies, "an advertisement for food shall be approved by the Authority and a person shall not advertise food unless the advertisement is approved by the Authority". The Act regulates advertisement of food supplements to invite members of the public to "buy the food or food supplement for the prevention or treatment of any disease". There are also other general attempts by government to restrict promotion of unhealthy foods (especially soft drinks). For example[1112], in February 2021, the UNBS and Uganda National Drug Authority issued a warning to local companies manufacturing soft drinks against misleading the masses by claiming that their products contain the nutritional and therapeutic value in adverts on television, radio, and social media. This warning came as a result of misleading advertisements - some of the companies were certified to make drinks, but they change the message about the content of their products when advertising. Marketing, advertising and broadcast of unhealthy foods and beverages in Uganda by the media is widespread, without strict regulatory measures, hence exposure of children to unhealthy foods. Indeed in 2019, a Civil Society group – "Centre for Food and Adequate Living Rights (CEFROHT) filed a case in the high court of Uganda (miscellaneous cause No. 436 of 2019) against the Government of Uganda for failure and omission to protect children from the adverse effect of marketing of unhealthy foods on children's health; as well as failure and omission to establish advertising and broadcasting standards in Uganda on the credulity of children and children's protection from marketing of unhealthy foods.

International benchmark	**1)** ***NORWAY***: Under the Broadcasting Act of 1992 (Chapter 3.1), Norway prohibits marketing directed at children under 18 and advertising in connection with children's programmes on TV, radio and teletext. The ban includes any product, including food and beverages, but only applies to broadcast media originating in Norway. The Broadcasting Regulation No 153 of 1997 provides guidance on how to determine whether advertising is directed to children under 18: whether the advertised product or service is of particular interest to children, if animation or other forms of presentation are used that particularly appeal to children, the time the advertisement is broadcast, and whether children under the age of 13 appear in the advertisement. The use of figures or persons who have played a prominent role on radio and TV programmes for children and young adults received in Norway in the previous 12 months my not be used for commercial advertising (41). **2)** **QUEBEC (CANADA)**: In Quebec, most citizens speak French and it is the only province in Canada, where children below 13 years old are protected under the Consumer Protection Act since 1980 (42). In Québec, the Consumer Protection Act prohibits commercial advertising (including food and non-food) directed at children less than 13 years of age through television, radio and other media. To determine whether or not an advertisement is directed at persons under thirteen years of age, account must be taken of the context of its presentation, and in particular of: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown. A cut-off of 15% share of children audience is used to protect children from TV advertising (43). Any stakeholder involved in a commercial process (from the request to create an advertisement to its distribution, including its design) may be accused of not complying with the legislation in force. Per indictment, that person is liable to: a fine ranging from $600 to $15,000 (in the case of a natural person); a fine ranging from $2,000 to $100,000 (in the case of a legal person). Notably, for the rest of Canada, child-directed food marketing is self-regulated using the Canadian Children's Food and Beverage Advertising Initiative (CAI) by Advertising Standards Canada (ASC) through The Broadcast Code for Advertising to Children. **3)** ***CHILE***: In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)(32). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the "high in" category. The regulatory norms define advertising targeted to children as programmes directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The regulation is scheduled to take effect 1 July 2016 (41). Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law (44). **4)** ***IRELAND***: Advertising, sponsorship, teleshopping and product placement of foods high in fats, sugars and salt, as defined by a nutrient profiling model, are prohibited during children's TV and radio programmes where over 50% of the audience are under 18 years old (Children's Commercial Communications Code, 2013 revision). In addition, there is an overall limit on advertising of foods high in fats, sugars and salt adverts at any time of day to no more than 25% of sold advertising time and to only one in four advertisements. Remaining advertising targeted at children under the age of 13 must not include nutrient or health claims or include licensed characters (41). **5)** ***SOUTH KOREA***: TV advertising to children less than 18 years of age is prohibited for specific categories of food before, during and after programmes shown between 5-7pm and during other children's programmes (Article 10 of the Special Act on the Safety Management of Children's Dietary Life, as amended 2010) (41, 45)

PROMO 2	
Effective policies are implemented by the government to restrict exposure and power of promotion of unhealthy foods to children including adolescents through non-broadcast media (e.g. Internet, social media, food packaging, sponsorship, religious events, outdoor advertising including around schools).	
Definitions and scope	▪ Includes online media (e.g., social media, branded education websites, online games, competitions and apps) ▪ Where the promotion is specifically through other non-broadcast media than online and social media, this should be captured in 'PROMO3 and PROMO5'. ▪ Where the promotion is specifically in a children's setting, this should be captured in 'PROMO4'. ▪ Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day.
Context	The UFNP places emphasis on monitoring and regulating the promotion and advertising of food supplements. However, it is not specific to advertisements targeting children and adolescents.
Evidence of implementation	No evidence of specific regulation was found on government actions to restrict exposure and power of promotion of unhealthy foods to children including adolescents through non-broadcast media
Comments/ notes	The Uganda Communications Commission (UCC) has on several occasions come up with guidelines on the use of social media. Recently, bloggers, and social media content creators were required to obtain $97 permits by October 2020. However, this is not specific to promotion of unhealthy food to children and adolescents on online or social media. The regulations have nothing to do with food. In February 2021, the UNBS and Uganda National Drug Authority issued a warning to local companies manufacturing soft drinks against misleading the masses by claiming that their products contain the nutritional and therapeutic value in adverts on social media and other platforms such as television and radio. According to UNBS, this warning emanates from the fact that some of the companies were certified to make drinks, but they change the message about the content of their products when advertising. We note that this does not only address exposure of children and adolescents to unhealthy food, but the entire population.

International benchmark	**1)** ***CHILE***: In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)(32). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law restricts advertising directed to children under the age of 14 years of foods in the "high in" category. The regulatory norms define advertising targeted to children as websites directed to children or with an audience of greater than 20% children, and according to the design of the advertisement. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The regulation took effect 1 July 2016 and applies to all advertising media (41). Chile outlaws Kinder Surprise eggs and prohibit toys in McDonald's 'Happy Meals' as part of this law (44). **2)** ***QUEBEC (CANADA)***: In Quebec, most citizens speak French and it is the only province in Canada, where children below 13 years old are protected under the Consumer Protection Act since 1980(42). In Québec, the Consumer Protection Act prohibits commercial advertising directed at children less than 13 years of age through all media. To determine whether or not an advertisement is directed at persons under thirteen years of age, account must be taken of the context of its presentation, and in particular of: a) the nature and intended purpose of the goods advertised; b) the manner of presenting such advertisement; and c) the time and place it is shown (43). Any stakeholder involved in a commercial process (from the request to create an advertisement to its distribution, including its design) may be accused of not complying with the legislation in force. Per indictment, that person is liable to: a fine ranging from $600 to $15,000 (in the case of a natural person); a fine ranging from $2,000 to $100,000 (in the case of a legal person).Notably, for the rest of Canada, child-directed food marketing is self-regulated using the Canadian Children's Food and Beverage Advertising Initiative (CAI) by Advertising Standards Canada (ASC) through The Broadcast Code for Advertising to Children._ **3)** ***LONDON:*** Junk food adverts are to be banned from London's tube and bus network by Sadiq Khan, the city's mayor, in an attempt to curb an epidemic of childhood obesity. Ads that promote foods and drinks that are high in salt, fat and sugar will no longer be accepted on tubes, buses and overground trains that are part of the Transport for London (TfL) network – nor in stations. The ban is currently out to consultation **(X6).**

PROMO 3	
Effective policies are implemented by the government to ensure that unhealthy foods are not commercially promoted to children including adolescents in settings where children gather (e.g. preschools, schools, sport and cultural events).	
Definitions and scope	▪ Children's settings include: areas in and around schools, preschools/ kindergartens, day-care centres, children's health services (including primary care, maternal and child health or tertiary settings), sport, recreation and play areas/ venues/ facilities and cultural/community events where children are commonly present. ▪ Includes restrictions on marketing in government-owned or managed facilities/venues (including within the service contracts where management is outsourced) ▪ Includes restriction on unhealthy food sponsorship in sport (e.g., junior sport, sporting events, venues) ▪ Effective means that the policies are likely to reduce overall exposure of children, including adolescents to unhealthy food advertising over the day.

Context	The Food and Drugs Act (section 5) criminalises the publication of any advertisement, which falsely describes any food or misleads the public regarding the nature, substance or quality of any food. Particularly, prohibited advertisements are those which are calculated to mislead as to the nutritional or dietary value of any food. The UNBS (Amendment) Act 2013 – section 12, that amends the existing UNBS Principal Bill (Chapter 327) Section 21 states that "in the absence of standards, a person may not import, distribute, manufacture, sell or have in his or her possession or control for sell or distribution of any commodities that are not fit for the purpose stated". However, this clause does not show regulation on food advertising to children and adolescents in non-broadcast media. Uganda currently allows Food Industry Bill Boards that advertise a mixture of food and children's toys on the same Bill Board (e.g., by GLOVO), which exposes children and adolescents to the advertised unhealthy food daily. This action exploits children's psychology to influence their food choice.
Evidence of implementation	• No specific evidence found on government actions to ensure that unhealthy foods are not commercially promoted to children, including adolescents, in settings where children gather.
Comments / notes	Overall, advertisements promoting unhealthy foods, drinks, and tobacco products vastly **o**utnumbered those promoting healthy lifestyle options in the majority of communities in the country (Spires et al. 2020). There are no policies/regulations implemented to restrict unhealthy food advertising towards children in settings where children spend most of their time. A study conducted among 25 random schools (13 primary schools and 12 secondary schools) in and around Kampala to map outdoor food advertising to children within 250 meters of schools found 1,034 branded advertisements around schools by 115 companies. The majority of the advertisements were of highly sweetened beverages and alcoholic beverages. There were more advertisements in urban compared to peri-urban areas, with some advertisements depicting sports personalities. There is weak regulation of food and beverage marketing especially to school going children and lack of a proper mechanism for monitoring and safeguarding children's exposure to food and beverage advertisements. Accordingly, the food marketing landscape around schools especially in urban areas is not conducive to a health-promoting environment (Dia et al. 2021). Available evidence suggests that more than 80 percent of the advertisements around schools especially in urban areas feature unhealthy products such as sugar-sweetened beverages and alcoholic beverages (ibid).

International benchmark	**1)** ***CHILE***: In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)(32). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law restricts advertising directed to children under the age of 14 of foods in the "high in" category on school grounds, including preschools, primary and secondary schools. Promotional strategies and incentives, such as cartoons, animations, and toys that could attract the attention of children are included in the ban. The law is scheduled to take effect 1 July 2016 (21). **2)** ***SPAIN***: In 2011 the Spanish Parliament approved a Law on Nutrition and Food Safety (Ley 17/2011), which stated that kindergartens and schools should be free from all advertising. Criteria for the authorisation of food promotion campaigns, nutritional education and promotion of sports or physical activity campaigns were developed jointly by the Spanish Agency for Consumer Affairs, Food Safety and Nutrition (AECOSAN) and the Regional Health Authorities and implemented in July 2015. AECOSAN and the Spanish Regional Education and Health Administrations monitor the enforcement of the law (41). **3)** ***URUGUAY***: In September 2013, the government of Uruguay adopted Law No 19.140 "Alimentación saludable en los centros de enseñanza" (Healthy foods in schools)(50). The law prohibits the advertising and marketing of foods and drinks that don't meet the nutrition standards [referenced in Article 3 of the law, and outlined in school nutrition recommendations published by the Ministry of Health in 2014]. Advertising in all forms is prohibited, including posters, billboards, and use of logos/brands on school supplies, sponsorship, and distribution of prizes, free samples on school premises and the display and visibility of food. The implementation of the law started in 2015 (41) **4)** ***HUNGARY***: Based on Section 8 of Act XLVIII on Basic Requirements and Certain Restrictions of Commercial Advertising Activities (2008), Hungary prohibits all advertising directed at children under 18 in child welfare and child protection institutes, kindergartens, elementary schools and their dormitories. Health promotion and prevention activities in schools may only involve external organizations and consultants who are recommended by the National Institute for Health Development according to Section 128(7) of the Ministerial Decree 20/2012 (VIII.31.) on the Operation of Public Education Institutions and the Use of Names of Public Education Institutions (41).
PROMO 4	
Effective policies are implemented by the government to restrict the marketing of breast milk substitutes through broadcast and non-broadcast media.	
Definitions and scope	• Includes laws, and national policies, guidelines on the restriction of the marketing of breastmilk substitutes • Breastmilk substitute refers to any food being marketed or otherwise presented as a partial or total replacement for breast milk, whether or not suitable for that purpose ○ Breastmilk substitutes include commercial and home prepared infant formula ○ Includes follow-up formula for infants 6 to 24 months ○ Includes feeding bottles, pacifiers, teats and cups with sprouts • Broadcast refers of audio , video or printed dispersed to audience via any communications media, such as television, radio, newspapers, magazines • Non – broadcast media includes internet or online based media such as podcasts, YouTube, online streaming and social media
Context	The WHO and UNICEF have demonstrated that some countries including Uganda still fall short in protecting mothers from misleading marketing information due to weak regulations on breastmilk substitute promotion[13]. Given the aggressive marketing, Paediatricians and Nutritionists in Uganda point out that many advertisements about breastmilk substitute or formula make mothers to believe that such substitutes are equal to breastmilk. Many women are blinded into using formula. The desk review evidence show that health professionals acknowledge the fact that many hospitals in Uganda still sell formula in baby gift shops, in total violation of breastmilk code. The substitutes are openly on display for mothers to purchase.

Evidence of implementation	▪ The policy guidelines on Infants and Young Child Feeding (IYCF) for Uganda recommends the implementation and monitoring of regulations on the marketing of Infant and young child foods according to the national law. ▪ The guidelines specify that all infant formula labels shall not discourage breastfeeding or the use of human milk. The label shall not have any statement or information that implies that infant formula is superior to human milk or breastfeeding. In addition, the labels shall have no pictures, photographs, drawings, or any other graphics which represent infants and/or women other than illustrating methods of preparation. It states that the label shall not idealize the use of infant formula. ▪ The guidelines recommend that the UNBS should monitor the implementation of the regulations on marketing of Infant and Young Child Foods and report findings to the MoH and the Ministry of Justice and Constitutional Affairs (MoJCA). ▪ Food safety law and the regulations on marketing of Infant and Young Child Foods provide the legal framework for protecting the child from artificial undesirable breast milk substitutes (see MoH - policy guidelines on IYCF, 2009). In conclusion, the policy guidelines on IYCF also contribute to driving the agenda of restriction of marketing of infant formula. For example, the guidelines set to monitor (with the aim of reducing) the number and gravity of violations of the Food Safety (i.e., marketing of Infant and Young Child Foods) Regulations. The guidelines recommend that the media should abide by the marketing of Infant and Young Child Foods Regulations especially with regard to advertisements. Some of the specific provisions in the guidelines include prohibition of: ➢ Advertising of breast milk substitutes and other products to the public. ➢ Free samples of infant formula to mothers. ➢ Promotion in health service facilities. ➢ Company personnel to advice mothers. ➢ Promotion of unsuitable products, such as sweetened condensed milk for babies.
Comments/ notes	▪ The Food and Drugs Act empowers the minister of health to make regulations prescribing anything which is or may be prescribed in relation to food. The minister issued regulation The Food and Drugs (marketing of Infant and Young Child Foods) Regulations[14]. These regulations have several provisions on the marketing, promotion and advertising of Infant and Young Child Foods. ▪ The regulations on marketing of Infant and Young Child Foods prohibit promotion of infant formula, follow-up formula 3 complementary foods and requires approval of all information and educational materials on infant and young child nutrition intended for use by families and any person in the field of infant and young child nutrition before publication. ▪ NOTE: The regulations/guidelines are largely not implemented.

International benchmark	Most countries implement policies to restrict the advertisement and marketing of breastmilk substitutes (BMS). In an assessment of national implementation of the international code of breast-milk substitutes code provisions by WHO, UNICEF and IBFAN (2020), ARMENIA, MALTA, PALAU AND LEBANON scored over 90% (Uganda and Tanzania scored 83 and 78% respectively). MALTA/MALDIVES scored the highest in this assessment (93%). The country implements all provisions for monitoring and enforcement provisions of the code including identification of who is responsible for monitoring compliance, defining sanctions for violations and independent, transparent monitoring that is free from commercial influence. It implements all the provisions of the code on promotion of BMS to the general public including restrictions on advertising, provision of samples to public, promotional devices at point of sale, gifts to pregnant women/ mother and contact with mothers. It implements all the provisions of the code on promotion of BMS in health care facilities including restrictions on display of BMS products, posters or placards, distribution of any BMS products, hosting of any BMS related events /campaigns and use of BMS industry personnel for any activities in the health facility. It also implements the provisions of the code on promotion of BMS to health workers including restrictions on inducements to health workers to promote BMS products, fellowships or research grants, provision of low cost supplies, donation of equipment or supplies, product samples, sponsorship of meetings etc. to health workers (25)including - where such information is available - to what extent Code provisions have been incorporated in national legal measures. The report also provides information on the efforts made by countries to monitor and enforce the Code through the establishment of formal mechanisms. Its findings and subsequent recommendations aim to improve the understanding of how countries are implementing the Code, what challenges they face in doing so, and where the focus must be on further efforts to assist them in more effective Code implementation.","author":[{"dropping-particle":"","family":"WHO","given":"","non-dropping-particle":"","parse-names":-false,"suffix":""}],"container-title":"Who","id":"ITEM-1","issued":{"date-parts":[["2020"]]},"title":"Marketing of breast-milk substitutes: National Implementation of the International Code, Status Report 2020.","type":"book"},"uris":["http://www.mendeley.com/documents/?uuid=4c3ca347-2e06-4a5d-80cd-346ee8f24852"]}],"mendeley":{"formattedCitation":"(25 UK: The UK strategy for tackling obesity includes actions to ban the advertisement of foods high in fat , salt and sugar on TV and online, before 9pm (26)

DOMAIN 4 - FOOD PRICES

Food pricing policies (e.g., taxes and subsidies) are aligned with health outcomes by helping to make the healthy eating choices the easier, cheaper choices

Summary of findings

There is some evidence on tax incentives for healthy foods, although on narrow scale. For example, natural fruit/vegetable juice containing more than 10 percent mass of standardised fruit/vegetable juice are exempted from the 13 percent excise levy. However, the concern is that these juices may still be high in sugar, thus the excise duty policy tool may not effectively control unhealthy component of the juice (high sugar). On the contrary, the country is yet to effectively use taxes as a tool for health promotion. For instance, taxes on non-alcoholic beverages do not specifically target sugar content. Most tax related actions target the promotion of food availability/security, and revenue generation. Furthermore, there exists no evidence to demonstrate government actions to ensure that existing subsidies favour healthy foods and that food-related support programmes are for healthy foods.

PRICES 1	
Taxes or levies on healthy foods are minimised to encourage healthy food choices (e.g., low or no sales tax, excise, value-added or import duties on fruit and vegetables).	
Definitions and scope	▪ Includes exemptions from excise tax, ad valorem tax or import duty. ▪ Includes differential application of excise tax, ad valorem tax or import duty. ▪ Excludes subsidies (see 'PRICES3') or food purchasing welfare support (see 'PRICES4')
Context	There has been reduction in the tax rate for fruit and vegetable juices, except juice made from at least 30 percent of pulp from fruit and vegetables grown in Uganda from 13 percent or UGX 300 per litre, whichever is higher to 12 percent or UGX 250 per litre whichever is higher[15]. However, this are no consideration on the sugar content of the fruit juices and the tax subsidies are not based on any public health interests.
Evidence of implementation	▪ In Uganda, there are no specific rules to minimize taxes or levies for encouraging healthy food choices or increase taxes to discourage unhealthy food choices. ▪ Natural fruit juice drinks and/or vegetable juice drinks containing not less than 10 percent by mass of standardized fruit and/or vegetable juice are excluded from the 13 percent excise levy imposed on non-alcoholic beverages. However, the objective of the exemption is to promote use of local raw materials in beverage production, but not necessarily to promote the consumption of natural fruit juice drinks and/or vegetable juice drinks as healthy food. ▪ The National Food and Nutrition Strategy (NFNS) proposes implementation of demand-side policy interventions that include changing the relative prices of healthy and unhealthy foods. However, the strategy is not specific on the magnitude of price changes for both healthy and unhealthy foods, it is also not clear of what unhealthy foods entail.
Comments / notes	Most of the existing tax relief or exemptions are to promote food availability/security. Tax relief promoting food processing as a means to promoting industrialisation and investment were also identified. In accordance with section 140 of the East African Community Customs Management Act of 2004, the tax incentives guide by Uganda Revenue Authority provides for remission of import duty rate of 0 percent[16] on inputs and raw materials used in the manufacture of food supplements for infants and nutrient deficient persons. The UFNP has a specific objective aimed at ensuring affordability of food in the quantities and qualities sufficient to satisfy the dietary needs of individuals sustainably. However, the particular aspects of affordability are not articulated in the policy.

International benchmark	**1)** ***AUSTRALIA***: Goods and services tax (GST) exemption exists for basic foods (including fresh fruits and vegetables)(51). **2)** ***TONGA***: In 2013, as part of a broader package of fiscal measures, import duties were lowered from 20% to 5% for imported fresh, tinned or frozen fish in order to increase affordability and promote healthier diets (52). **3)** ***POLAND***: In Poland, the basic rate of tax on goods and services is 22%, while the rate is lower (7%) for goods related to farming and forestry and even lower (3%) for unprocessed and minimally processed food products (53). **4)** ***FIJI***: To promote fruit and vegetable consumption, Fiji has removed the excise duty on imported fruits, vegetables and legumes. It has also decreased the import tax for most varieties from the original 32% to 5% (exceptions: 32% remains on tomatoes, cucumbers, potatoes, squash, pumpkin and 15% remains on coconuts, pineapples, guavas, mangosteens) and removed it for garlic and onions (52).
PRICES 2	
Taxes or levies on unhealthy foods (e.g. sugar-sweetened beverages, foods high in nutrients of concern) are in place and increase the retail prices of these foods by at least 10 percent to discourage unhealthy food choices, and these taxes are reinvested to improve population health.	
Definitions and scope	▪ Includes differential application of excise tax, ad valorem tax or import duty on high calorie foods or foods that are high in nutrients of concern
Context	
Evidence of implementation	▪ In the current tax framework for 2021 (i.e., Excise Duty Amendment Bill 2021); the government (through parliament) passed (in April 2021) a 12 percent (or Shillings. 250) tax on each litre of locally produced non-alcoholic drinks (which includes sugary drinks). ▪ Uganda implements excise duty tax of 12 percent to 15 percent depending on the beverage type and a rate of 15 percent charged on powder for reconstitution to make juice or dilute-to-taste drinks, excluding pulp. However, there is no distinction between sugar-sweetened and non-sugar-sweetened beverages (see Ahaibwe et al., 2021). ▪ The main purpose of these taxes is to widening of tax base and increased revenue generation but not NCD or generally health concerns (*ibid*). ▪ Ring-fencing of collected revenues is uncommon in Uganda, although 2 percent of the tax revenue from beers, spirits, waragi (Ugandan homemade gin), soft drinks, and bottled water has been earmarked for HIV/AIDS prevention and treatment, provided for under the HIV/AIDS Trust Fund Act of 2014 (*ibid*). ▪ The NFNS proposes implementation of demand-side policy interventions (including changing the relative prices of healthy and unhealthy foods, which would result in increase in the price of unhealthy foods, to curtail NCDs. However, there is limited evidence to suggest the implementation of such policies.
Comments/ notes	Uganda is yet to sufficiently utilize taxes as a tool of health promotion. For instance, existing taxes on soft drinks are lower than the WHO recommended rate of 20 percent and do not specifically target sugar content (Ahaibwe et al. 2021). The taxes are premised on revenue generation and related economic reasons, as opposed to health concerns. Worse still, it's unusual to ring-fence collected revenues for certain health related outcome, except for the 2 percent of the tax revenue from beers, spirits, soft drinks, and bottled water that has been earmarked for HIV/AIDS prevention and treatment, provided for under the HIV/AIDS Trust Fund Act of 2014. There is a conflict of interests about the outcomes of the tax policy on sugar-sweetened beverages. Whereas the Ministry of Finance, Planning and Economic Development (MoFPED) considers maintaining competitiveness in a regional market as an important business strategy, the MoH and other public health actors in civil society consider the health outcomes and therefore advocate for increase in taxes on these products (Ahaibwe et al. 2021). For instance, a tax introduced in the 2017 financial year on sugar confectionaries was repealed on the basis that it impacted the competitiveness of Uganda's confectionaries in the East African region. In addition, there has been a reduction in the tax rate on non-alcoholic beverages (such as soda) from 13 percent to 12 percent in 2018, with a plan of reducing it further to 10 percent (ibid).

International benchmark	**1)** ***MEXICO***: In December 2013, the Mexican legislature passed two new taxes as part of the national strategy for the prevention of overweight, obesity and diabetes. An excise duty of 1 peso ($0.80) per litre applies to sugary drinks. Sugary drinks are defined under the new law as all drinks with added sugar, excluding milks or yoghurts. This is expected to increase the price of sugary drinks by around 10%. An ad valorem excise duty of 8% applies to foods with high caloric density, defined as equal to or more than 275 calories per 100 grams. The food product categories that are affected by the tax include chips and snacks; confectionary; chocolate and cacao based products; puddings; peanut and hazelnut butters. The taxes entered into force on 1 January 2014. The aim is for the revenue of taxes to be reinvested in population health, namely providing safe drinking water in schools, but there is no evidence (yet) that this is the case as the taxes are not earmarked (52, 54). **2)** ***HUNGARY***: A "public health tax" adopted in 2012 is applied on the salt, sugar and caffeine content of various categories of ready-to-eat foods, including soft drinks (both sugar- and artificially-sweetened), energy drinks and pre-packaged sugar-sweetened products. The tax is applied at varying rates. Soft drinks, for example, are taxed at $0.24 per litre and other sweetened products at $0.47 per litre. The tax also applies to products high in salt, including salty snacks with >1g salt per 100g, condiments with >5g salt per 100g and flavourings >15g salt per 100g (52, 55). **3)** ***FRENCH POLYNESIA***: Various food and beverage taxes have been in place since 2002 to discourage consumption and raise revenue e.g. domestic excise duty on sweetened drinks and beer; import tax on sweetened drinks, beer and confectionery; tax on ice cream. Between 2002 and 2006, tax revenue went to a preventive health fund; from 2006, 80% has been allocated to the general budget and earmarked for health. The tax is 40 CFP (around $0.44) per litre on domestically-produced sweet drinks, and 60 CFP (around $0.68) per litre on imported sweet drinks (52). **4)** ***ST HELENA***: In effect since 27 May 2014, a £0.75 per litre excise duty (about $1.14) is applied to high-sugar carbonated drinks in St Helena (Customs and Excise Ordinance Chapter 145, Section 5). High sugar carbonated drinks are defined as drinks containing ≥15 grams of sugar per litre (52). **5)** ***UK***: In April 2018 the UK Government's Soft Drinks Industry Levy came into effect. The Levy applies to any pre-packaged soft drink with added sugar, containing at least 5g of sugar per 100ML of prepared drink (56). Drinks fall into two bands: one for total sugar content above 5g per 100ml (to be taxed at 18 pence per L), and a second, higher band for the most sugary drinks with more than 8g per 100ml (to be taxed at 24 pence per L). Milk-based drinks, milk substitute drinks, pure fruit juices, or any other drinks with no added sugar, alcohol substitute drinks and soft drinks of a specified description which are for use for medicinal or other specified purposes are exempt from the levy. The levy applies to soft drinks produced and packaged in the UK and soft drinks imported into the UK. The measure will raise an estimated £520 million a year, and will be spent on doubling funding for sport in primary schools. Secondary schools will meanwhile be encouraged to offer more sport as part of longer school days. Pure fruit juices and milk-based drinks will be excluded, as well as small producers. **6)** ***BAHREIN***: The Kingdom of Bahrein has introduced an excise tax which went into effect on 30 December 2017. The excise tax rate imposed by the law is a 100% tax rate on energy drinks and a 50% tax rate on soft drinks. Soft drinks are defined as any aerated beverage except unflavoured aerated water and include any concentrates, powder, gel or extracts intended to be made into an aerated beverage. Any person intending to import or produce the excisable good are required to register for the tax.
PRICES 3	
The intent of existing subsidies on foods, including infrastructure funding support (e.g. research and development, supporting markets or transport systems), is to favour healthy rather than unhealthy foods.	

Definitions and scope	▪ Includes agricultural input subsidies, such as free or subsidised costs for water, fertiliser, seeds, electricity or transport (e.g., freight) where those subsidies specifically target healthy foods. ▪ Includes programs that ensure that farmers receive a certain price for their produce to encourage increased food production or business viability. ▪ Includes grants or funding support for food producers (i.e. farmers, food manufacturers) to encourage innovation via research and development where that funding scheme specifically targets healthy food. ▪ Includes funding support for wholesale market systems that support the supply of healthy foods. ▪ Includes population level food subsidies at the consumer end (e.g. subsidising staples such as rice or bread). ▪ Excludes incentives for the establishment of, or ongoing support for, retail outlets (including greengrocers, farmers' markets, food co-ops, etc. See 'RETAIL2'). ▪ Excludes subsidised training, courses or other forms of education for food producers - Excludes the redistribution of excess or second grade produce. ▪ Excludes food subsidies related to welfare support (see 'PRICES4') ▪ Should be in line with population nutrition goals related to the prevention of obesity and diet-related NCDs (e.g., reducing intake of nutrients of concern, and should not related to micronutrient deficiencies).
Context	Pertaining to infrastructure support – particularly R&D, the Uganda Food and Nutrition Policy (UFNP) is cognizant of the need to conduct research around issues related to; nutrition content of food, food consumption, food habits, and nutrition related disease patterns in order to inform policy processes as well as implementation. The policy acknowledges existence of wide knowledge gaps in these areas. Accordingly, the policy proposed the strategies to close the gaps. The strategies include among others, conducting action-oriented research, and mobilizing resources for research. There are a number of programmes that have been implemented by government of Uganda together with development partners aimed at subsidising and easing access to improved agriculture inputs for productivity enhancement. Among these programmes are the Agriculture Cluster Development Project (ACDP), National Agricultural Advisory Services (NAADS), and the Operation Wealth Creation (OWC). However, these programmes are not designed in the context of promoting healthy foods but rather enhancing agriculture productivity and household incomes.
Evidence of implementation	▪ No specific evidence was found on government action to ensure that existing food subsidies favour healthy rather than unhealthy foods. The objective of existing subsidies is to improve agricultural productivity, enhance food security and household incomes.
Comments/ notes	None
International benchmark	**1)** ***SINGAPORE***: The government, through the Health Promotion Board (HPB) increases the availability and use of healthier ingredients through the "Healthier Ingredient Scheme" (formerly part of the "Healthier Hawker" programme, launched in 2011), which provides in the first instance transitional support to oil manufacturers and importers to help them increase the sale of healthier oils to the food service industry (59). The Healthier Ingredient Subsidy Scheme offers a subsidy to suppliers stocking healthier items. Cooking oil is the first ingredient under the scheme, which subsidises oils with a saturated fat level of 35 per cent or lower. **2)** ***CANADA:*** Launched on April 1, 2011, Nutrition North Canada (NNC) is a Government of Canada subsidy program that helps provide Northerners in isolated communities with improved access to perishable, nutritious food. NNC provides a retail-based subsidy that enables local retailers and registered suppliers to access and lower the cost of perishable healthy foods like meat, fish, eggs, milk and bread, as well as fruits and vegetables, all of which must be transported by air to these isolated communities. NNC has two subsidy levels: level 1 which is the higher subsidy, is granted to foods that are deemed the most perishable and most nutritious and level 2, the lower subsidy, is applied to other staple food items.

PRICES 4	
The government ensures that food-related income support programs are for healthy foods	
Definitions and scope	▪ Includes programs such as 'food stamps' or other schemes where individuals can utilise government-administered subsidies, vouchers, tokens or discounts in retail settings for specific food purchasing. ▪ Excludes general programs that seek to address food insecurity such as government support for, or partnerships with, organisations that provide free or subsidised meals (including school breakfast programs) or food parcels or redistribute second grade produce for this purpose. ▪ Excludes food subsidies at the consumer end (e.g., subsidising staples at a population level – see 'PRICES3').
Context	**Nutrition Guidance for the General Population in the context of COVID-19** in Uganda states that only healthy food options should be provided to the general population in line with World Health Organization (WHO) recommendations. The guideline is not a support programme per se, but it recommends that any bodies involved in food distribution should ensure and verify that the food distributed include specialized nutritious foods and foods fortified with essential minerals and vitamins to meet the micronutrient requirements (such as flour, cooking oil).
Evidence of implementation	▪ No specific evidence of government action, policies or regulations on ensuring that food-related income support programs are for healthy foods, was found.
Comments/ notes	None
International benchmark	**1)** ***UK***: The British Healthy Start programme provides pregnant women and/or families with children under the age of four with weekly vouchers to spend on foods including milk, plain yoghurt, and fresh and frozen fruit and vegetables. Participants or their family must be receiving income support/jobseekers allowance or child tax credits. Pregnant women under the age of 18 can also apply. Full national implementation of the programme began in 2006 (52). **2)** ***US***: In 2012, the USDA piloted a "Healthy Incentives Pilot" as part of the Supplemental Nutrition Assistance Program (SNAP, formerly "food stamps"). Participants received an incentive of 30 cents per US$ spent on targeted fruit and vegetables (transferred back onto their SNAP card). The Pilot included 7500 individuals (52). In New York City and Philadelphia, "Health Bucks" are distributed to farmers markets. When customers use income support (e.g. Food Stamps) to purchase food at farmers markets, they receive one Health Buck worth 2USD for each 5USD spent, which can then be sued to purchase fresh fruit and vegetable products at a farmers market (52). In Philadelphia, the programme has been expanded to other retail settings like supermarkets and corner stores. **3)** ***US***: In 2009, the U.S. Department of Agriculture's implemented revisions to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to improve the composition and quantities of WIC-provided foods from a health perspective. The revisions include: Increase the dollar amount for purchases of fruits and vegetables, expand whole-grain options, allow for yoghurt as a partial milk substitute, allow parents of older infants to buy fresh produce instead of jarred infant food and give states and local WIC agencies more flexibility in meeting the nutritional and cultural needs of WIC participants (52).

DOMAIN 5 - FOOD PROVISON

The government ensures that there are healthy, safe and hygienic food service policies including provision of breastfeeding spaces, implemented in government-funded settings to ensure that food provision encourages breastfeeding and healthy food choices

Summary of findings

There is no evidence of a policy to promote healthy food choices in the broader public setting, albeit existence of strategies advocating for healthier eating habits. However, there is evidence of government commitment to promote healthy food choices in education institutions. This is demonstrated in the Uganda School Health Policy of 2008, which calls for delivery of nutrition services that provide nutritious and appealing meals in educational institutions (although this is general – we do not find specific standards for nutritious meals), and discourages consumption of "dangerous" foods like fine sugars. In addition, the country's policy and legislative environment promotes fortified foods in schools. To this effect, school feeding is recognized in a number of policy documents including the Vision 2040.

There is no specific evidence of support and training systems to help schools and public sector organizations implement healthy food service policies.
The employment Act of 2006 provides for sixty working days of maternity. In the same vein, the policy guidelines on Infant and Young Child Feeding (IYCF) urge employers to protect and promote maternity rights and benefits. The guidelines also recommend the private sector to create a working environment that promotes optimal IYCF, and to provide facilities and time for breastfeeding, and expression of breast milk. However, the enforcement of these laws and policies is limited to formal work places.

There are visible efforts by the government to promote access to safe water, sanitation, and hygiene services as demonstrated in the legal and policy documents including the current NDP III. Even though the ongoing interventions do not directly target malnutrition, they promote safe water, sanitation, and hygiene.

PROV 1	
The government ensures that there are clear, consistent policies (including nutrition standards) implemented in schools and early childhood education services for food service activities (canteens, food at events, fundraising, promotions, vending machines etc.) to provide and promote healthy food choices.	
Definitions and scope	▪ Includes early childhood education and care services (0-5 years). ▪ Schools include government and non-government primary and secondary schools (up to age 18 years) ▪ Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices ▪ Includes policies that relate to school meals programs, where the program is partly or fully funded, managed or overseen by the government ▪ Excludes programmes in schools that are targeted to children of low socioeconomic groups only (as these would be covered under PRICES4)

Context	The GoU in partnership with WFP started implementing school feeding programme since 1979, targeting to cover all schools, through 1983, 1993, to 1998, where provision of school meals was the core component. The programme aimed at addressing the feeding and nutritional needs of schools, however, in later programme phases, emphasis was for schools operating in Internally Displaced Camps and in refugee hosting districts. Under the programme, WFP provide assorted food items such as; maize meal, beans and vegetable cooking oil. In addition, the programme was intended to be expanded to all districts and the schools within the districts (expanded school feeding programme), but this was not achieved. Between 2006 and 2010, the focus was only Karamoja region. Although the programme sustainability plan addresses achievement of both education and nutrition and health goals of school aged children, the major goal of the programme was not prevention of NR-NCDs and provision of healthy food, but attaining better educational outcomes such as increased school enrolment and attendance and reduced dropout rates. We also note that the sustainability plan of the school feeding programme provided for guidelines for food ration composition and the timing of meals.
Evidence of implementation	▪ The government established the Uganda School Health Policy in 2008. The policy supports implementation or delivery of nutrition services that provide nutritious and appealing meals, an environment that promotes healthy food choices, and support for nutrition instruction. Among others, the policy aims at achieving the objective of promoting better nutrition and feeding practices in educational institutions. However, the provision for nutritious meals is general, we do not find evidence on specific standards in place. ▪ Uganda School Health Policy in 2008 provides for day-school children to have lunch at school and adequate safe drinking water as a bare minimum; boarding schools should provide at least three meals and have adequate safe drinking water – the meals shall be rich in proteins, carbohydrates, fats, minerals, and vitamins; availing micronutrients (Iron, Vitamin A and iodine); both day and boarding schools shall have feeding programs that are nutritious, well prepared and hygienic; provision of nutrition education and demonstration gardens for students shall be provided in all schools. The policy discourages consumption of "dangerous" foods like fine sugars, selling unhygienic food in school canteens and unhygienic food vendors shall be banished from school compounds. However, with exception of sugar, other nutrients of concern are not mentioned. ▪ The Ministry of Education and Sports (MoES) 2013 guidelines recommend increased consumption of diverse nutritious foods, including fortified foods. This is in a bid to increase micronutrient intake and overcoming widespread iron deficiency. ▪ Uganda's policy and legislative environment promotes fortified foods in schools. School feeding is mentioned in a number of policy documents including the National Development Plan II (NDPII), Vision 2040, and the Education Act of 2008. In NDPII, poor feeding of school children is stated as a major constraint on the quality of education at all levels. The Education Act of 2008 places the feeding of children in school as a role of parents and communities, who with the school determine the format of the feeding. In 2013, the MoES produced the Guidelines on School Feeding and Nutrition Interventions with clear direction on how to increase access to parent-led school feeding and improve food diversity by procurement and consumption of various nutritious foods, including fortified foods. The 2013 Guidelines also recommend that schools implement complementary interventions like deworming and prevention of illnesses through Water, Sanitation and Hygiene (WASH[17]).
Comments/ notes	The school health policy is as old as 2008, we do not find evidence on a revised operational version of the policy. However, in a communication[18] to the Parliament of Uganda on 23rd September 2021, the Prime Minister of the Republic of Uganda indicated that a new draft National School Health Policy is under cabinet consideration (i.e. for cabinet approval), and after cabinet approval, it will be presented to the Parliament for consideration and approval.

International benchmark	**1)** ***CHILE***: In 2012, the Chilean government approved a Law of Nutritional Composition of Food and Advertising (Ley 20, 606)(32). In June 2015, the Chilean authority approved the regulatory norms required for the law's implementation (Diario Oficial No 41.193). The regulatory norms define limits for calories, saturated fat, sugar and sodium content considered "high" in foods and beverages. The regulatory norms define limits for calories (275 calories/100g or 70 calories/100mL), saturated fat (4g/100g or 3g/100mL), sugar (10g/100g or 5g/100mL) and sodium (400mg/100g or 100mg/100mL) content considered "high" in foods and beverages. The law prohibits the sale of foods in the "high in" category in schools. These were scheduled to take effect 1 July 2016 (62). **2)** ***FINLAND***: In 2008, the National Nutrition Council approved nutrition recommendations for school meals. These include food and nutrient recommendations for salt, fibre, fat, starch, fat and salt maximums for meat and processed meat, and drinks. There are also criteria for snacks provided in schools (62). In 2017, the Finnish National Nutrition Council updated their nutrition recommendations for school meals replacing the recommendations from 2008. The updated recommendations are based on Health from food – Finnish nutrition guidelines (2014) and Eating Together – food recommendations for families with children (2016). No soft drinks, energy drinks or any other acidified beverages or beverages with added sugar are served at schools. **3)** ***AUSTRALIA***: There are no national mandatory standards. However, six states and territories have implemented mandatory standards, which are either based on the national voluntary guidelines or nutrient and food criteria defined by the state: Australian Capital Territory (2015), New South Wales (2011), Northern Territory (2009), Queensland (2007), South Australia (2008), and Western Australia (2014). All of these states and territories identify 'red category' foods, which are either completely banned in schools or heavily restricted (e.g. offered no more than one or two times per term)(62). The New South Wales (NSW) policy for school canteens prohibits availability of red foods, high in saturated fats, sugars, or sodium. Foods provided in school canteens should be at least 50% green foods to ensure that canteens do not increase the number of "amber" foods. Green foods include low-fat carbohydrates, fruits and vegetables, and lean meat as well as small portions of pure fruit juice. Also Queensland's Smart Choices school nutrition standards ensure that "red" foods and drinks are eliminated across the whole school environment. **4)** ***MAURITIUS***: In 2009, a regulation was passed banning soft drinks, including diet soft drinks, and unhealthy snacks from canteens of pre-elementary, elementary and secondary schools (62). **5)** ***UK***: England, Scotland, Wales and Northern Ireland have mandatory nutritional standards for school food, which also apply to food provided in schools other than school lunches. These standards apply to most state schools (with the exception of around 4,000 academies established between September 2010 and June 2014, which are exempt) and restrict foods high in fat, salt and sugar, as well as low quality reformed or reconstituted foods (62). **6)** ***BRAZIL***: The national school feeding programme(63) places great emphasis on the availability of fresh, traditional and minimally processed foods. It mandates a weekly minimum of fruits and vegetables regulates sodium content and restricts the availability of sweets in school meals. A school food procurement law (64), approved in 2001, limits the amount of processed foods purchased by schools to 30%, and bans the procurement of drinks with low nutritional value, such as sugary drinks. The law requires schools to buy locally grown or manufactured products, supporting small farmers and stimulating the local economy. Resolution no 38 (16 July 2009) sets food- and nutrition-based standards for the foods available in the national school meal programme (Law 11.947/2009). Article 17 prohibits drinks of low nutritional value (e.g. soda), canned meats, confectionary and processed foods with a sodium and saturated fat content higher than a specified threshold. **7)** ***COSTA RICA***: Executive Decree No 36910-MEP-S (2012) of the Costa Rican Ministries of Health and Education sets restrictions on products sold to students in elementary and high schools, including food with high levels of fats, sugars and salt, such as chips cookies candy and carbonated sodas. Schools are only permitted to sell food and beverages that meet specific nutritional criteria. The restrictions were upheld by the Constitutional Court in 2012 following a challenge by the food industry(62). **8)** ***HUNGARY***: Since 2012, food and beverages subject to the public health product tax may not be sold on school premises or at events organized for school children, including out of school events based on the Ministerial Decree 20/2012 (VIII.31) on the Operation of Public Education Institutions and the Use of Names of Public Education Institutions. Section 130(2) of the Decree requires the head of the educational institution to consult the school health service prior to entering into agreements with vending machine operators or food vending businesses. The school health service verifies whether the products to be sold meet the nutritional guidelines set by the National Institute of Pharmacy and Nutrition. Products that do not comply are prohibited (62). **9)** ***URUGUAY***: In September 2013 the government of Uruguay adopted Law No 19.140 on "healthy eating in schools". It mandated the Ministry of Health to develop standards for food available in canteens and kiosks in schools, prohibited advertising for these same foods and restricted the availability of salt shakers. The school food standards were elaborated in March 2014 in two further documents: Regulatory Decree 60/014 and the National Plan of Health Promoting Schools. The standards aimed to promote foods with natural nutritional value with a minimum degree of processing and to limit the intake of free sugars, saturated fat, trans fat and sodium. Limits are set per 100g of food, 100ml for drinks and also per 50g portion. Prohibited foods include sugary beverages and energy drinks, confectionery, salty snacks, cakes and chocolate. The school food standards and restrictions on advertising began to be implemented in public schools in 2015 and are being monitored for compliance (62).

PROV 2	
The government ensures that there are clear, consistent policies in other public sector settings for food service activities (canteens, food at events, fundraising, promotions, vending machines, etc.) to provide and promote healthy food choices.	
Definitions and scope	• Public sector settings include: - Government-funded or managed services where the government is responsible for the provision of food, including public hospitals and other in-patient health services (acute and sub-acute, including mental health services), residential care homes, aged and disability care settings, custodial care facilities, prisons and home/community care services - Government-owned, funded or managed services where the general public purchase foods including health services, parks, sporting and leisure facilities, community events etc. - Public sector workplaces • Includes private businesses that are under contract by the government to provide food • Excludes 'public settings' such as train stations, venues, facilities or events that are not funded or managed by the government (see 'RETAIL4') • Excludes school and early childhood settings (see 'PROV1') • Includes policies and nutrition standards to provide and promote healthy food choices or to limit or restrict the provision or promotion of unhealthy food choices • Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier. • Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol) • Includes modifying ingredients to make foods and drinks healthier, or changing the menu to offer healthier options • Excludes public procurement standards (see 'PROV3')
Context	The National Health Sector Development Plan (2014/15–2019/20) targeted the provision of NCD prevention and control services, for example, by creating community awareness of the right foods to eat for good nutrition, and to promote their production. One of the strategic objectives of the National Agriculture Policy (NAP 2013) is to promote the production of nutritious foods, including indigenous foods, to meet household needs and for sale and consumption of nutritious foods. In addition, the Agriculture Sector Strategic Plan (2015–2020), which operationalizes the NAP targets to "improve food and nutrition security by enhancing consumption of diverse diets at household level". The plan also prioritizes fruits and vegetables among 12 strategic and priority commodities for the country. The Nutrition Guidance for the General Population in the context of COVID-19 in Uganda emphasises that food distribution, especially during COVID-19, should ensure that the food basket should contain at least three food groups; carbohydrate, proteins and minerals/vitamins. Groups involved in food distribution should ensure and verify that the food distributed include specialized nutritious foods and foods fortified with essential minerals and vitamins to meet the micronutrient requirements (such as flour, cooking oil). Only healthy food options should be provided to the general population in line with WHO recommendations.
Evidence of implementation	No specific evidence found.
Comments/ notes	None

International benchmark	**1)** ***LATVIA***: In 2012, the government set salt levels for all foods served in hospitals and long-term social care institutions. Levels may not exceed 1.25g of salt per 100g of food product; fish products may contain up to 1.5g of salt per 100g of product (62). **2)** ***BERMUDA***: In 2008, the Government Vending Machine Policy was implemented in government offices and facilities to ensure access to healthy snacks and beverages for staff. The policy requires that all food and beverages in vending machines on government premises meet specific criteria based on levels of total fat, saturated fat, *trans* fat, sodium and sugar. Criteria exclude nuts & 100% fruit juices (62). **3)** ***NEW YORK***: New York City's Food Standards (enacted with Executive Order 122 of 2008) set nutritional standards for all food purchased or served by city agencies, which applies to prisons, hospitals and senior care centres. The Standards include: maximum and minimum levels of nutrients per serving; standards on specific food items (e.g. only no-fat or 1% milk); portion size requirements; the requirement that water be offered with food; a prohibition on the deep-frying of foods; and daily calorie and nutrient targets, including population-specific guidelines (e.g. children, seniors)(62, 68). As of 2015, 11 city agencies are subject to the NYC Food Standards, serving and selling almost 250 million meals a year. The Food Policy Coordinator has the responsibility of ensuring adherence with the Food Standards. Self-reported compliance with the standard is 96%. **4)** ***WALES***: Vending machines dispensing crisps, chocolate and sugary drinks are prohibited in National Health Service hospitals in Wales. The Welsh government issued a guidance defining what is allowed and not allowed, and has liaised with major vending providers to find ways to introduce healthier food and drink options (Health Promoting Hospital Vending Directions and Guide 2008). **5)** ***UK***: The UK Government Buying Standard for Food and Catering Services (GBSF of 2014, updated March 2015) by the Department of Environment, Food and Rural Affairs, sets out standards for the public sector when buying food and catering services. It is supported by the Plan for Public Procurement: Food and Catering Services (2014), which includes a toolkit consistent of the mandatory GBSF, a balanced scorecard, an e-marketplace, case studies and access to centralised framework contacts in order to improve and facilitate procurement in the public sector. The nutrition requirements have to be followed by schools, hospitals, care homes, communities and the armed forces. To improve diets, the GBSF sets maximum levels for sugar in cereals and generally for saturated fat and salt, in addition to minimum content of fibre in cereals and fruit in desserts. Meal deals have to include vegetables and fruit as dessert and menus fish on a regular basis (59).

PROV 3	
The Government ensures that there are good support and training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines	
Definitions and scope	▪ Includes support for early childhood education services as defined in 'PROV1' ▪ Public sector organisations include settings defined in 'PROV2' ▪ Support and training systems include guidelines, toolkits, templates (e.g. policy/guidelines or contracts), recipes and menu planning tools, expert advice, menu and product assessments, online training modules, cook/caterer/other food service staff information and training workshops or courses
Context	One of the aims of Uganda School Health Policy is to promote the inculcation of essential/basic health education in the teaching and learning practices. For example, it states that all staff in educational institutions shall have sensitization/training on health issues. However, the training aspect does not explicitly elaborate healthy food concerns, rather than general health issues. The policy proposes government to initiate a comprehensive pre-service and in-service training of teachers on health issues so as to have teachers qualified enough to teach health in schools. It also proposes review and strengthening of the existing curricula on health education in primary, secondary, and technical training colleges, Primary Teacher's Colleges, and National Teacher's Colleges to address physical, mental, emotional, and social determinants of health. In addition, the policy guidelines on IYCF recommends that the MoES takes actions to ensure that primary, secondary and tertiary institutions incorporate Infant and Young Child Feeding (IYCF) issues into their curricula, and orient education managers at all levels on optimal IYCF. The guidelines also recommend that Universities and tertiary health institutions should; ensure that training on IYCF includes sufficient hands-on experience to empower graduates to promote, protect, and support optimal IYCF; promote research in priority topics related to IYCF; and integrate management of malnutrition into the training curricula.

Evidence of implementation	▪ No specific evidence found so far with regard to training systems to help schools and other public sector organisations and their caterers meet the healthy food service policies and guidelines. ▪ However, one of the objectives of the **Uganda Food and Nutrition Policy** (UNFP) provides for ensuring that nutrition education and training is incorporated in formal and informal training in order to improve the knowledge and attitudes for behavioural change of communities in food and nutrition-related matters.
Comments/ notes	None
International benchmark	**1)** ***AUSTRALIA***: The Healthy Eating Advisory Service supports settings such as childcare centres, schools, workplaces, health services, food outlets, parks and sporting centres to provide healthy foods and drinks to the public in line with Victorian Government policies and guidelines. The Healthy Eating Advisory Service is delivered by experienced nutritionists and dieticians at Nutrition Australia Victorian Division. The support includes training cooks, chefs, foods service and other key staff, discovering healthier recipes, food ideas and other helpful resources to provide healthier menus and products(69). **2)** ***JAPAN***: In Japanese, "Shoku" means diet and "iku" means growth and education. In 2005, Basic Law on Shokuiku was enacted and it was the first law that regulates one's diets and eating habits. It involved Cabinet Office as the leading office to plan, formulate and coordinate Shokuiku policy and strategy, in collaboration with Ministry of Health, Labour and Welfare, Ministry of Education, Culture, Sports, Science and Technology (MEXT) and Ministry of Agriculture, Forestry and Fisheries. The laws included several concepts, which are promotion of Shokuiku at home, schools or nursery schools and promotion of interaction between farm producers and consumers(70). Dietitian and registered dietitian are playing important roles to implement Shokuiku programs by providing dietary guidance in various setting. In Japan, at least one dietitian should be assigned at the facility with mass food service over 100 meals/time or over 250 meals/ day, whereas at least one registered dietitian needed when it is over 500 meals/time or 1500 meals/day. In specific setting such as school, the Ministry of Education, Culture, Sports, Science and Technology established the Diet and Nutrition Teacher System in 2007. Diet and Nutrition Teachers are responsible to supervise school lunch programs, formulate menus and ensure hygiene standards in public elementary schools and junior high schools in accordance with the needs of local communities. They also deal with dietary education issues in collaboration with nutrition experts such as registered dietitian and dietitian(71). Under the revised School Lunch Act 2008, it included School Lunch Practice Standard which stipulates proper school lunch including reference intake values of energy and each nutrient as per age groups (72). Moreover, it outlined costs of facilities and manpower (e.g. cooks) to be covered by municipalities and guardians only cover the cost of ingredients which amounting an estimate of 4000 yen/month/student for school lunch program(73)
PROV 4	
The government ensures that there are clear, comprehensive policies and/or regulations on the provision of time, spaces and resources for breastfeeding in the workplace and in public places and spaces	
Definitions and scope	• Includes laws, regulations, national programs, policies, guidelines, frameworks for provision of breastfeeding spaces, time and resources in the workplace and /or public spaces • Breastfeeding spaces - means private, clean, sanitary, and well-ventilated rooms or areas in the workplace or public places where breastfeeding mothers can wash up, breastfeed or express their milk comfortably • Breastfeeding time includes - flexible time provided by employers for ease of the employee's responsibilities of breastfeeding the baby • Workplaces - means work premises, whether private enterprises or government agencies, including their subdivisions. • Public spaces include - place that is generally open and accessible to people e.g. markets, parks, beaches

Context	The Constitution of the Republic of Uganda 1995 Article 40 (section 4) states that "The employer of every woman worker shall accord her protection during pregnancy and after birth, in accordance with the law." However, the Ugandan law does not specify any work place breastfeeding arrangements, and it provides for only sixty working days which are less than the recommended six months of exclusive breastfeeding. The Employment Act 2006 states that: "A female employee shall, as a consequence of pregnancy, have the right to a period of sixty working days leave from work on full wages referred to as "maternity leave", of which at least four weeks shall follow the childbirth or miscarriage. However, this act is majorly applicable to formal employment sector. Approximately, 71 percent of women in Kampala Capital City work in the small Enterprises (micro-firms), including but not limited to retail shops, markets, saloons and restaurants that mainly operate informally. This proportion is higher in other settings outside the city and may not be protected by this Act. In the National Nutrition Planning Guidelines for Uganda (2015), one of the key strategies to improve nutrition is to "support local governments to promote improved breastfeeding" as one of the nutrition-sensitive interventions. Furthermore, Baby-Friendly Hospital and Community Initiatives exist, to promote breastfeeding. However, this initiative does not cover interventions for workplace breastfeeding.
Evidence of implementation	▪ The policy guidelines on Infant and Young Child Feeding (IYCF) recommends that employers protect and promote maternity rights and benefits. The same guidelines also advocate for support to mothers in universities and other tertiary institutions to practice optimal IYCF. ▪ It also encourages the Ministry of Gender, Labour and Social Development (MoGLSD) to; advocate for enactment of any other laws and regulations that enhance maternity protection, and advocate with employers to support mothers to practice optimal IYCF. ▪ The guidelines recommend the private sector and employees to create a working environment that promotes optimal IYCF, and to provide facilities and time for breastfeeding, and expression of breast milk. ▪ The maternity protection aspects of the "Employment Act of 2006" seek to safeguard the working mother's necessary role in infant feeding (also see MoH – policy guidelines on IYCF, 2009). The Act provides for maternity leave for a period of sixty working days leave from work on full wages. ▪ The Parliament of Uganda maintains a breastfeeding facility, which both the Members of Parliament (MPs) and staff use to nurse their babies. In 2018, the speaker to parliament, in her speech during the breastfeeding week, implored all employers to "create enabling working environments for breastfeeding mothers".
Comments/ notes	The child nutrition unit at the Ministry of Health acknowledges the need to have in place stringent policies or regulatory measures to advocate for good breastfeeding practices. The main policy that has been passed is that which provides for establishing breastfeeding corners in work places to allow mothers to breastfeed children up to the age of two years. However, this is not happening because most work places do not have provision for the breastfeeding facilities. Commentary from child nutrition – MoH (also see - The Independent, 28th May 2020). In the draft Employment (Breastfeeding and Childcare Facilities at workplace) Regulations, exclusive breastfeeding stakeholders proposed to protect the breastfeeding rights of working women, and protect its benefits to infants and mothers, in line with the Employment Act 2006. The draft regulations have been approved in a Top Policy Management meeting in the MoH and have been forwarded to the First Parliamentary Council in Ministry of Justice and Constitutional Affairs for review before the minister will sign.
International benchmark	In NORWAY maternity leave is 42 weeks with full pay or 52 weeks with 80% of salary. Flexible part time is available for women from two months after giving birth, with income supplemented from maternity benefits. After returning to work, women are entitled to 1 - 1 1/2 hour breaks to return home to breastfeed, or to have the child brought to work. (17) KENYA , In 2017, the Kenyan Parliament passed a Health Act which requires all employers to establish breastfeeding stations with the necessary equipment and facilities; to take strict measures to prevent any direct or indirect promotion, marketing or selling of infant formula and/or breast milk substitutes in breastfeeding stations; and to grant all breastfeeding employees paid breaks, in addition to regular time-off for meals, breastfeeding, or breast milk expression, for up to one hour of every eight-hour work period (20) In URUGUAY, the law requires private and public sector employers to provide nurseries, where women employees bring their children until they are two years old. Provisions are also made for child feeding in some institutions. A textile company for instance in the country has a child nursery and clinic where children 6 months to 6 years can be brought, mothers are also advised on child feeding and care. An assessment in 2015 indicated that about 40% of companies in the country had breastfeeding facilities and 77% allowed time for working mothers to breastfeed or express breastmilk for their children(20–22).

PROV 5	
The government implements national level policies to promote access to safe drinking water and optimal environmental hygiene and sanitation (WASH) in public places and spaces as a strategy to address/ reduce all forms of malnutrition.	
Definitions and scope	• Includes policies, legislation, standards and regulations on provision of clean water • Includes water that is used for drinking, • Excludes water for other domestic purposes and food production or recreational purposes • Includes policies, legislation, standards and regulations on universal access to toilets and a safe sanitation service chain. • Sanitation is defined as access to and use of facilities and services for the safe disposal of refuse and human waste
Context	Government plans for water and sanitation on an annual basis, through the budget process. This is evidenced in National Budget Framework Papers (see NBFP FY 2020/21-2022/23). For example, in the Financial Year 2020/21, the government planned to invest 150 and 703 billion shillings in rural and urban water supply and sanitation, respectively.
Evidence of implementation	▪ One of the strategies of the Uganda School Health Policy (2008) is to ensure that every institution of learning shall have; access to adequate safe water for drinking, bathing, and washing within the school compound to ensure better nutrition and feeding practices in educational institutions. ▪ Uganda has a national water policy which provides for promotion of safe water access to the population. ▪ The Water Statute (1995) provides for the promotion of access to safe drinking water and optimal environmental hygiene and sanitation. The objectives of the statute that directly address this are to; promote the provision of a clean, safe, and sufficient supply of water to domestic purposes for all persons; and to control pollution and to promote the safe storage, treatment, discharge, and disposal of waste which may pollute water or otherwise harm the environment and human health. ▪ In addition, the National Water and Sewerage Corporation Statute (1995) aims at, among others; providing water supply services for domestic and other beneficial uses; providing sewerage services in designated areas, and develop water and sewerage system in urban centres and big national institutions countrywide. ▪ The current National Development Plan (NDPIII) set to increase access to safe Water, Sanitation and Hygiene (WASH). Specifically, the plan aims to increase access to safe water supply from 70 percent to 85 percent in rural areas and 74 percent to 100 in urban areas. It also targets to achieve increase in access to basic sanitation from 19 percent to 40 percent. ▪ Under the sustainable urbanization and housing programme of NDPIII, the government has set to improve the efficiency of solid waste collection from 30 percent to 50 percent. Although this is key in promoting hygiene and sanitation, the main objective is not targeted at reducing malnutrition.
Comments/ notes	▪ As evidenced in Ministry of Water and Environment (MoWE) Annual Sector Performance Report 2019, the government has implemented urban water supply interventions, which have led to increase in safe drinking water access to 79 percent in 2019. There is construction of water supply systems in town areas (e.g. Koboko, Rukungiri, Pallisa and Katwe – Kabatoro between 2018 and 2019) and additional connections by umbrella water authorities. Government has intervened through interventions such as; small towns water supply system, public stand posts in large towns, and rural growth centres piped water supply systems. ▪ MoWE Annual Sector Performance Report 2019 showed that most districts in Uganda implemented Community Led Total Sanitation (CLTS) and Home Improvement Campaigns (HIC) to improve their sanitation and hygiene status, between 2018 and 2019. ▪ Government commits to the improvement of WASH through District Sanitation and Hygiene Conditional Grant channelled through Ministry of Water and Environment, and the Uganda Sanitation Fund (USF) channelled through the MoH, for promotion of sanitation and hygiene in rural communities. ▪ Also, the District Water and Sanitation Conditional Development Grant is disbursed to the District Local Governments on a quarterly basis to support development of water and sanitation infrastructure. The MoWE issues guidelines to districts on an annual basis to inform the planning and utilization of the grant. ▪ Government also implements the National Hand Washing Initiative. This is a government led initiative that was conceived by the National Sanitation Working Group in 2005, with the aim of championing the national hand washing with soap campaign. Note: Although these provisions above do not directly address malnutrition, they promote access to safe water, sanitation, and hygiene. Improved WASH reduces rate and risk of infections and parasitic infestations which prevents malnutrition. Malnutrition is caused by inadequate intake of foods and infections.

International benchmark	NEPAL has produced five-year national development plans that establish socioeconomic objectives to be achieved by the end of the planning period. The 15th Periodic Plan (2019/2020–2024/2025) includes WASH sector objectives focusing on improving public health by ensuring accessibility of reliable, affordable and safe drinking-water and sanitation facilities for all in urban, peri-urban and rural areas. It also includes maintaining a clean environment by proper management of wastewater. The plan has targeted 100% of the population to have access to improved sanitation facilities, achieve and maintain the open defecation free (ODF) status of the country, and to work progressively towards total sanitation, with at least 20% of wastewater treated and properly discharged. Total sanitation in Nepal includes the basic requirement of having access to a toilet as well as additional considerations such as handwashing, safe drinking-water, safe food and an overall clean environment in the community (28). INDONESIA: has a national strategy for community based total sanitation. The strategy has five key pillars including household waste management, stopping open defecation, household drinking water management, household sewage management and hand washing. The Government of Indonesia has given special attention on hygiene and sanitation by setting Open Defecation Free (ODF) and hygiene and healthy behaviour improvement in the National Mid-Term Development Planning. KENYA: Kenya Environmental Sanitation and Hygiene Strategic Framework, 2016–2020 of the Ministry of Health is a plan that corresponds to the Kenya Environmental Sanitation and Hygiene Policy and provides the framework for its implementation. The Kenya Environmental Sanitation and Hygiene Strategic Framework addresses urban and rural areas as well as institutional WASH. Vision: "…a clean healthy and economically prosperous Kenya free from sanitation and hygiene related diseases". Mission: "…to ensure that all Kenyans have sustainable access to highest attainable standards of sanitation, clean and healthy environment". Goal: "…to ensure universal access to improved sanitation, clean and healthy environment by 2030" (29) SENEGAL: The vision of the sanitation policy in Senegal (2016–2025) explicitly seeks to contribute to the achievement of the SDGs to ensure universal access to drinking-water and sanitation by 2030 while ensuring integrated water resources management The policy focuses on (i) household access to sustainable sanitation, (ii) management of wastewater and rainwater and (iii) elimination of open defecation. In 2017, Senegal completed a national household survey focused on WASH in order to establish a reliable baseline reference on water and sanitation within the SDG context. The Sanitation and Rainwater Management Programme (PAGEP) is centred on the development of sustainable sanitation systems in urban, peri-urban and rural areas including gender-sensitive sanitation facilities in schools and health centres, and reducing open defecation to ultimately achieve its elimination (30).

DOMAIN 6 - FOOD IN RETAIL

The government has the power to implement policies and programs to support the availability of healthy foods and limit the availability of unhealthy foods in communities (outlet density and locations) and in-store (product placement) and promote food
safety in the informal food retail/ trade sector

Summary of findings

There is no evidence to demonstrate effective zoning to place limits on the density or placement of quick serve restaurants/outlets selling mainly unhealthy foods in communities, and to encourage the availability of outlets selling healthy options. The Food and Drugs Act CAP 278 simply requires premises selling such foods to register with local authorities.
There are no effective support systems to encourage food stores and food service outlets to promote the availability of healthy foods and to limit the promotion and availability of unhealthy foods.

There are efforts to ensure a safe neighbourhood food environment as evident in; (i) the Food and Drugs Act, CAP 278 which regulates the use of substance as an ingredient in the preparation of food; (ii) code of hygienic practice for precooked and cooked foods provided by UNBS; (iii) urban sanitation and hygiene interventions by the ministry of water and environment, and (iv) the Local Government Market Ordinance which requires provision and maintenance of adequate facilities within the market for the protection of health and safety of the public. However, maintenance of hygiene in markets is still a big challenge, which suggests that existing market sanitation and hygiene regulations are not effectively implemented.

RETAIL 1	
Zoning laws and policies are robust enough and are being used, where needed, by local governments to place limits on the density or placement of quick serve restaurants or other outlets selling mainly unhealthy foods in communities, and to encourage the availability of outlets selling healthy options such as fresh fruit and vegetables.	
Definitions and scope	▪ Includes the consideration of public health in State/Territory Planning Acts that guide the policies, priorities and objectives to be implemented at the local government level through their planning schemes ▪ Includes the consideration of public health in State/Territory subordinate planning instruments and policies ▪ Includes a State/Territory guideline that sets the policy objective of considering public health when reviewing and approving fast food planning applications. ▪ Includes limitations to access of unhealthy food outlets (i.e. opening hours) ▪ Excludes laws, policies or actions of local governments
Context	The Food and Drugs Act, CAP 278 limits availability of unhealthy foods in the community – for example, foods such as ice cream, sausages, and preserved food. The regulation here is that premises that sell such foods must be registered. Otherwise, no premises are allowed to manufacture ice cream for the purpose of sale, or preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale, unless they are registered for that purpose by the local authority. However, there are no specifics about foods related to NCDs.
Evidence of implementation	▪ No specific evidence found so far on zoning laws to limit the sale of unhealthy foods, apart from the general Foods and Drugs Act.
Comments/ notes	The practice of zoning to limit availability of unhealthy foods in communities or to encourage the availability of healthy options does not exist in Uganda yet.

International benchmark	**1)** ***SOUTH KOREA***: In 2010 the Special Act on Children's Dietary Life Safety Management established the creation of 'Green Food Zones' around schools, banning the sale of foods (fast food and soda) deemed unhealthy by the Food and Drug Administration of Korea within 200 metres of schools (45, 76). In 2016, Green Food Zones existed at over 10000 schools. **2)** ***DUBLIN (IRELAND)*:** Fast-food takeaways will be banned from opening within 250 metres of schools, Dublin city councillors have ruled. The measure to enforce "no-fry zones" will be included in a draft version of the council's six-year development plan. City planners will be obliged to refuse planning permission to fast food businesses if the move is formally adopted after public consultation(77). **3)** ***US***: In Detroit, the zoning code prohibits the building of fast food restaurants within 500 ft. of all elementary, junior and senior high schools(13) **4)** ***UK***: Around 15 local authorities have developed "supplementary planning documents" on the development of hot food takeaways. The policies typically exclude hot food takeaways from a 400m zone around the target location (e.g. primary schools). For example, Barking and Dagenham's Local Borough Council, London, adopted a policy in 2010 restricting the clustering of hot food takeaways and banning them entirely from 400m exclusion zones around schools. In 2009, the Local Borough Council of Waltham Forest, London developed a planning policy in 2009 restricting the development of hot food takeaways in local centres, and excluding them completely from areas within 10min walks from schools, parks or other youth centres. St Helens Council adopted a planning document in 2011 and Halton in 2012 (13).
RETAIL 2	
The Government ensures existing support systems are in place to encourage food stores and food service outlets to promote the availability of healthy foods and to limit the promotion and availability of unhealthy foods	
Definitions and scope	▪ Food stores include supermarkets, convenience stores (including 'general stores' or 'milk bars'), greengrocers and other speciality food retail outlets. ▪ Support systems include guidelines, resources or expert support ▪ Includes all settings with food retail stores, including but not exclusive to; train stations, venues, facilities or events frequented by the public etc. ▪ Excludes settings owned or managed by the government (see 'PROV2' and 'PROV4'). ▪ Includes the strategic placement of foods and beverages in cabinets, fridges, on shelves or near the cashier - Includes the use of signage to highlight healthy options or endorsements (such as traffic lights or a recognised healthy symbol). ▪ Includes offering healthier food and drink products, or changing the menu or store layout to offer healthier options ▪ Includes decreasing the offer of unhealthy food and drink products. ▪ Excludes reformulation and labelling in relation to nutrients of concern (COMP1; LABEL4).
Context	The Food and Drugs Act has the main objectives of ensuring safety of food and has not provision specifically for healthy food choices. Under the Act, it is an offense to sell food unfit for human consumption. However, there are no specifics about foods related to NCDs. Further, the Act requires registration of food businesses in the community – for example, foods such as ice cream, sausages, and preserved food. The regulation here is that premises that sell such foods must be registered. Otherwise, no premises are allowed to manufacture ice cream for the purpose of sale, or preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale, unless they are registered for that purpose by the local authority. However, the intensions of the Act were more about food safety than healthy food choices. The current practice is to generally require registration to carry on any (food) business. These provisions are short of promoting access to healthy food choices.
Evidence of implementation	▪ There is evidence of existing support systems to encourage food safety rather than healthy food availability. No support systems exist to promote healthy food availability and discourage the promotion and availability of unhealthy foods.
Comments/ notes	None

International benchmark	**1)** ***US***: In February 2014 the US Congress formally established the Healthy Food Financing Initiative (following a three year pilot) which provides grants to states to provide financial and/or other types of assistance to attract healthier retail outlets to underserved areas. The pilot distributed over 140 million USD in grants to states to provide financial and other types of assistance to attract healthier retail outlets in underserved areas. To date, 23 US states have implemented financing initiatives (13). For example, the New Jersey Food Access Initiative provides affordable loans and grants for costs associated with building new supermarkets, expanding existing facilities, and purchasing and installing new equipment for supermarkets offering a full selection of unprepared, unprocessed, healthy foods in under-served areas; the initiative targets both for-profit and not-for-profit organisations and food cooperatives. **2)** ***NEW YORK***: The 'Green Cart Permit' was developed with reduced restrictions on zoning requirements to increase the availability of fresh fruits and vegetables in designated, underserved neighbourhoods(13). In 2008 New York City made 1000 licences for green carts available to street vendors who exclusively sell fresh fruit and vegetables in neighbourhoods with limited access to healthy foods(13). In addition, in 2009, New York City established the food retail expansion to support health program of New York City (FRESH). Under the programme, financial and zoning incentives are offered to promote neighbourhood grocery stores offering fresh meat, fruit and vegetables in under-served communities. The financial benefits consit of an exemption or reduction of certain taxes. The zoning incentives consist of providing additional floor area in mixed buildings, reducing the amount of required parking, and permitting larger grocery stores in light manufacturing districts **3)** ***SCOTLAND***: In 2004, a small group of suppliers and retailers in Scotland established a pilot project called Healthy Living Neighbourhood Shops to increase the availability of healthier food options throughout Scotland, in both deprived and affluent areas, where little or no option existed to buy. The programme received funding from the Scottish Executive and worked closely with the Scottish Grocers' Federation, which represents convenience stores throughout Scotland. Through a number of different trials, the programme established clear criteria for increasing sales and also developed bespoke equipment/point of sale (POS) materials which were given to participating retailers free of charge. This has led to around 600 convenience stores across Scotland improving their range, quality and stock of fresh fruit and vegetables and other healthier eating products(78).
RETAIL 3	
The government has set incentives and rules/regulations for informal retailers and traders to ensure a safer neighbourhood food environment (in terms of all components of food safety: This includes sanitation (providing a clean water supply and for informal food vendors to use, covering open sewers in and around food markets); hygiene (microbial food safety); physical contamination (e.g. sand, dust, vehicle fumes); adulteration of food and beverages, (e.g. adding margarine to milk to increase shelf life).	

Definitions and scope	• Includes the laws, regulations, public health in Acts, national policies and guidelines relating to food safety considerations in the informal food sector
	- The informal sector can be defined as all economic activities that take place in unincorporated, small or unregistered enterprises
	- Informal food retailers /traders / vendors include those involved in street and market food related activities including;
	  • food production and preparation
	  • catering and food transport services
	• The retail sale of fresh or prepared products (e.g. the stationary or mobile sale of street food).

Context	None

Evidence of implementation	▪ The Food and Drugs Act, CAP 278 prohibits any person from adding any substance to food, using any substance as an ingredient in the preparation of food, and abstracting any constituent from food or subject food to any other process or treatment so as in any such case to render the food injurious to health, with intent that the food shall be sold for human consumption in that state. It states that "no person shall — add any water or colouring matter or any other liquid or substance, or any dried or condensed milk or liquid reconstituted from that dried or condensed milk, to milk intended for sale for human consumption". ▪ UNBS has established standards # US CAC/RCP 39:1993. The standard provides for code of hygienic practice for precooked and cooked foods in mass catering deals. It specifies hygienic requirements for cooking raw foods and handling cooked and precooked foods intended for feeding large groups of people. ▪ UNBS also has the standard # US 28 EAS 39:2002, Code of practice for hygiene in the food and drink manufacturing industry. This Uganda Standard specifies the minimum requirements for factories and employees engaged in the manufacture, processing, packaging, storage, handling, treatment and delivery of foods intended for human consumption. ▪ The public health act empowers the ministry of health to make rules and policies regarding the licensing, regulation and inspection of hotels, restaurants, cafés, and eating houses, and the regulation of the preparation and sale of food by hawkers. ▪ It is evidenced in the Water and Environment Sector Performance Report (2019) that there are urban sanitation and hygiene interventions aimed at improving access to public sanitation and sewerage services in urban centres. The target of the interventions is to prevent contamination of water from the source to the point of use. This has been done, for example, through interventions that improve Faecal Sludge Management service chain, and maintenance of regional Faecal Sludge Treatment Plants, and promotion of drainable sanitation technologies such as lined pit latrines. National Water and Sewerage Corporation operates a centralized sewerage system for collecting, treating and discharging effluent in 17 towns out of 253 towns. However, the MoWE notes that the sewerage coverage is still low and is largely in the traditional large towns. ▪ A National Sanitation Policy was drafted by the National Sanitation Taskforce in 1997. This was aimed at promoting and preserving the health of the community through improved sanitation. ▪ There is a Local Government Market Ordinance, which have provisions for businesses approved to operate in a market - the market administrator shall provide and maintain adequate facilities within the market for the protection of health and safety of the public from any risk likely to emanate from the premises where the business is operated. In addition, the ordinance states that "a person handling fresh food for sale shall not permit any part of the fresh food to come into contact with the ground"; "livestock shall not be allowed in a market except in such places as may be designated for that purpose by the Council"; and "a person shall not bring a pet to a market.
Comments/ notes	Although market ordinance that address issues of hygiene and sanitation in markets exist, many parts of domestic markets have a lot of complains about poor sanitation and hygiene. For example, in 2019, vendors in Soroti road market in Mbale Municipality threatened to leave the market over poor hygiene. A significant number of markets are filled with a stench and flies hovering over heaps of uncollected garbage (details in Daily Monitor, 3rd December 2019). This suggests that existing market sanitation and hygiene regulations are not effectively implemented.
International benchmark	CANADA is considered as one of the global leaders in food safety and quality. The food retail and service regulation and code of 2003/2004 was developed to provide a harmonized set of food safety standards and operational guidelines, targeting food retails and service premises including informal (temporary and mobile) food premises. The code provides user friendly interpretations and guidance for compliance with legislation. It provides regulations on: 1. food premises construction, design and facilities, including water supply, sewage and refuse disposal and waste management, toilet facilities 2. Prevention of microbial, physical and chemical contamination of food, 3. Food safety training and certification programs 4. Cleaning and sanitation, 5. Transportation, storage and distribution of food products among others (35,36)healthy and wholesome food is fundamentally important to Canadians. Our status as a leader in producing safe, quality food is secure as long as we collectively commit to applying sound principles of food safety and education based on scientific knowledge of foodborne illnesses. The study of emerging diseases related to food and our understanding of the role that food can play in the transmission of disease have had a dramatic effect in helping us identify key requirements in food safety and in highlighting the need for various regulatory interventions. Furthermore, global free trade, new food processing technologies and ethnic cultures bring new dimensions to the safety of our food supply. It is estimated that approximately 4 million Canadians acquire foodborne illness each year. Foodborne illness can affect us all but it can be very serious and even life-threatening to some consumers, especially pre-school children, older adults, pregnant women and their unborn child and those with impaired immune systems. Effective control of foodborne illness is vital to avoid adverse effects on human health and to relieve the pressure on an already challenged health system. Prior to 2007, the Canadian Food Inspection System Implementation Group (CFISIG.

DOMAIN 7 - FOOD TRADE AND INVESTMENT

The government ensures that trade and investment agreements protect food sovereignty, favour healthy food environments, are linked with domestic health and agricultural policies in ways that are consistent with health objectives, and do not promote unhealthy food environments.

Summary of findings

Evidence reveals that most of the trade and investment agreements do not have provisions for risk impact assessment in relation to direct and indirect negative impacts on population nutrition health. Nonetheless, evidence shows high adoption of Non-Tariff Measures (NTMs) to ensure food and consumer goods safety, albeit challenges in enforcement. The national trade policy also implicitly addresses issues related to public health and nutrition, especially the development and implementation of a National Sanitary and Phytosanitary Measures Policy so as to protect human health.

TRADE 1	
The Government undertakes risk impact assessments before and during the negotiation of trade and investment agreements, to identify, evaluate and minimize the direct and indirect negative impacts of such agreements on population nutrition and health	
Definitions and scope	▪ Includes policies or procedures that guide the undertaking of risk impact assessments before or during negotiation to assess risks and benefits in relation to public health and population nutrition. ▪ Includes policies or procedures that guide the evaluation of trade and investment agreements after an agreement is finalised to monitor the impact for the purpose of informing future negotiations or reviews. ▪ Includes policies or procedures that guide public consultation procedures before and during negotiations. ▪ Any trade or economic agreements still considered active.
Context	There are a number of bilateral trade and investment agreements – for example; (a) "Agreement between the government of the people's Republic of China and the government of the Republic of Uganda on the reciprocal promotion and protection of investments". (b) "Agreement between the government of the United Kingdom of Great Britain and Northern Ireland and the government of the Republic of Uganda for the promotion and protection of investments. Kampala, 24 April 1998". (c) "Agreement the Republic of Uganda, on the one hand, and between the Belgo-Luxemburg economic union, on the other hand, on the reciprocal promotion and protection of investments". (d) Others are agreements with African countries, United Arab Emirates, and other European countries.

Evidence of implementation	▪ Uganda has a number of bilateral trade and investment agreements. However, the existing agreements do not have evidence pertaining to provisions for undertaking risk impact assessments before and during the negotiation of trade and investment agreements, to specifically address direct and indirect negative impacts of such agreements on population nutrition and health. ▪ Uganda, is a heavy user of Non-Tariff Measures (NTMs), having a coverage ratio that is higher than the European Union (World Bank 2013). NTMs are fundamental in ensuring food and consumer-good safety by guarding against products adulterated by powerful chemicals, fertilizers, pharmaceuticals, and other dangerous products. However, ineffective controls at entry and domestic sales points is likely to undermine the importance of NTMs as some adulteration especially for agriculture products takes place internally. More so, stringent enforcement of Sanitary and Phytosanitary Standards (SPS) measures results in significant rise in the cost of these products which has welfare implications (ibid).
Comments/ notes	There are challenges also on border controls which may not stop entry of adulterated products. For example, not all border points are controlled or manned by MAAIF. Policies, procedures and monitoring of impact of trade agreements not well known or implemented.
International benchmark	***US/EU***: It is mandatory in the US and countries of the EU to undertake Environmental Impact Assessments for all new trade agreements. These assessments sometimes incorporate Health Impact Assessments (84).
TRADE 2	
The government adopts measures to manage investment and protect their regulatory capacity with respect to public health nutrition.	
Definitions and scope	▪ Includes provisions in trade or economic agreements that protect the capacity of government to implement domestic policy in relation to food environments. This includes protections with respect to tariffs, Non-Tariff Measures (such as quotas, regulations, standards, testing, certification, licensing procedures) and measures related to foreign direct investment ▪ Binding commitments made under Trade and Investment Agreements (TIA's) can constrain the way countries can regulate goods, services, and investments to promote public interests (including public health) in a way that is upstream from domestic policy processes.
Context	One of the guiding principles of the National Trade Policy is - mitigating any adverse effects of practices by the country's trading partners by invoking and implementing trade defence measures as and when appropriate. Although the policy does not explicitly address issues of nutrition and population health, some of the key policy actions prescribed in the policy document that directly or indirectly address nutrition and health include; - Enacting appropriate laws and developing guidelines to ensure that growth in trade leads to and ensures, inter alia, food security in the country. - Development and implementation of a National Standards Policy to enhance and ensure conformity with standards requirements, quality management and assurance. - Developing and implementing a National Sanitary and Phytosanitary Measures Policy so as to protect human health, as well as the health of plant and animals.
Evidence of implementation	▪ The National Grain Trade Policy: As a crosscutting issue, the policy encourages all grain value chain actors to participate in the sector to ensure that quality food and nutritional requirements are maintained at healthy levels. Additionally, through the National Grain Trade Policy (2015), government seeks to enhance coordination with the lower local governments on making by laws to ensure quality grains at the farmer and trader levels, and promote food processing and fortification for enriched products targeting the existing different market segments. ▪ The Uganda Food and Nutrition Policy (UFNP) provides for regulating the importation, manufacture, sale and distribution of food supplements. The policy also highlights the need to import food items such as iodized salt, in order to fill food gaps; and it promotes production of fortified common staples by local manufacturers.

Comments/ notes	None
International benchmark	**1)** ***MANY COUNTRIES***: Sanitary and phytosanitary (SPS) clauses in World Trade Organization (WTO) agreements. However, this usually does not apply to public health nutrition. **2)** ***GHANA***: Ghana has set standards to limit the level of fats in beef, pork, mutton and poultry in response to rising imports of low quality meat following liberalization of trade. The relevant standards establish maximum percentage fat content for de-boned carcasses/cuts for beef (<25%), pork (<25%) and mutton (<25% or <30% where back fat is not removed), and maximum percentage fat content for dressed poultry and/or poultry parts (<15%)(85). **3)** ***CANADA/EU***: CETA makes clear that the EU and Canada preserve their right to regulation to achieve legitimate policy objectives, such as public health, safety, environment, public morals, social or consumer protection and the promotion and protection of cultural diversity (Art. 8.9). CETA includes a clear definition for what constitutes "indirect expropriation" to avoid claims against legitimate public policy measures. This includes a clause that the sole fact that a measure increase costs for investors cannot give rise in itself to a finding of expropriation (Annex 8.12 and Annex 8-A).

HEALTHY FOOD ENVIRONMENT POLICY INDEX: INFRASTRUCTURE DOMAINS

DOMAIN 8 - LEADERSHIP

The political leadership ensures that there is strong support for the vision, planning, communication, implementation and evaluation of policies and actions to create healthy food environments, improve population nutrition and reduce all forms of malnutrition

Summary of findings

There is evidence of political support for improving food environment with emphasis on nutrition, as demonstrated in adoption of regional (African Regional Nutrition Strategy) and national policies and strategies to improve nutrition outcomes. Nationally, there has been establishment of Uganda Nutrition Action Plan (UNAP) in 2011; Presidential Initiative on Healthy Eating and Healthy Lifestyle (PIHEHL); the Nutrition Guidance for the General Population in the context of COVID-19 in Uganda; and National Nutrition Planning Guidelines of 2015. There are also several nutrition and NCD related awareness campaigns steered by political leaders at the top. There has also been decentralization of nutritional committees to sectoral and sub-national level to help in identifying and integrating nutrition issues into the development plans.

Through the UNAP, the government of Uganda set specific intake targets for essential nutrients to be achieved by the end of the plan. In addition, the PIHEHL provides a simplified daily food intake recommendation for different categories of people. However, the new UNAP II does not provide specific targets for the nutrients of concern. There is also no evidence of food based dietary guidelines implemented in Uganda.

Efforts are also there to integrate health and nutrition into the overall national development agenda. For instance, the National Development Plans (NDPs) have incorporated nutrition as a cross-cutting issue that requires multi-sectoral interventions. Nutrition is as well one of the key health areas of focus in Uganda's Vision 2040. There are also action plans for improvement of the food environment and nutrition such as; Uganda Nutrition Action Plan, and Strategic Action Plan for Prevention and Control of Aflatoxin in Uganda (2018/19 - 2023/24). Notably, the planning for nutrition is anchored on principles that address the needs of the vulnerable population as required by National Nutrition Planning Guidelines.
Although there is no specific national policy on breastfeeding, there are policy guidelines on Infant and Young Child Feeding (IYCF) which emphasise promoting, protecting, and supporting of breast feeding for the first 6 months of life. In addition, the employment Act of 2006 provides for maternity leave for a period of sixty working days.
Whereas there is no specific national policy on complementary feeding, there exists infant formula standards to guide complementary feeding. The policy guidelines on IYCF also offer some guidance on complementary feeding.

The country has also demonstrated efforts to address malnutrition through policies and action plans. These focus on eliminating micro-nutrient deficiency disorders (UNFP), prevention of low birth weight through micronutrient supplementation (NFNS); and encouraging appropriate use of fortified complementary foods for child growth (NFNS).
However, these are separate efforts or commitments. They do not tackle double burden of malnutrition together with NCDs in an integrated manner.

LEAD 1	
There is strong, visible, political support (at the head of government or state/ ministerial level) for improving food environments, population nutrition, diet related NCDs and their related inequalities"	
Definitions and scope	▪ Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy ▪ Documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators
Context	None
Evidence of implementation	▪ Uganda adopted the African Regional Nutrition Strategy, under the African Union. The strategy focuses on advocating for renewed commitment to nutrition, and stimulating actions that result in improved nutrition outcomes. In this regard, Uganda hosted the 2010 summit of African Union heads of state, where the Member States approved the establishment of an African Food and Nutrition Day to be commemorated on an annual basis, on the 31st of October. This is aimed at reminding member states about the need to steadily address their nutrition problems. ▪ Government leadership has demonstrated commitment to improve nutrition outcomes and reduce NR-NCDs in a number of ways these include: (a) Presidential and cabinet commitment towards development of the Uganda Nutrition Action Plan (UNAP). In September 29th, 2011, the President of the Republic of Uganda signed the Uganda Nutrition Action plan. In his communication, he sent a message that all stakeholders "must act now", to address nutrition related problems. Political will into the UNAP process is illustrated by support from the president, 8 cabinet ministers, and the National Planning Authority (NPA) that played coordination role. (b) Presidential Initiative on Healthy Eating and Healthy Lifestyle (PIHEHL): This initiative was recently launched in Uganda. The objectives include among others, to; promote healthy eating and lifestyle practices in households and communities; and raise public awareness about malnutrition and its consequences. However, the initiative only focuses on the demand side (e.g. giving guidance on what kind of healthy foods to eat), but it does not address regulatory issues as well as supply-side issues (e.g. regulations pertaining to food composition and labelling, and advertisement of unhealthy foods). (c) Nutrition Guidance for the General Population in the context of COVID-19 in Uganda. The guidance advises the general population on intake of healthy diets. It aims at promoting and maintaining healthy diets, eating habits and healthy lifestyles in the general population, especially during the period of COVID-19 pandemic, and targets the general public and special interest groups such as women, children, adolescents, the elderly and the sick. The guideline reflects commitment by leaders to promote a healthy food environment, good population nutrition, and agenda for fighting nutrition related NCDs. ▪ In addition, the Uganda Food and Nutrition Policy proposed the establishment of Uganda Food and Nutrition Committee (UFNC), as a statutory body to co-ordinate food and nutrition programmes at the national level. The policy points out the need for increasing awareness of the need for standards and quality assurance among law enforcement agents, consumers and service providers. ▪ The Government further demonstrated commitment by establishing a secretariat for the Uganda Food and Nutrition Council in the Office of the Prime Minister of Uganda, and the establishment of nutrition coordination committees at sectoral and sub-national levels, all facilitated by nutrition focal points within nutrition-related departments. ▪ Furthermore, the government of Uganda through the National Planning Authority developed National Nutrition Planning Guidelines in 2015 to help planning teams in sectors and local governments to identify, analyse, integrate, monitor, and evaluate nutrition issues as part of Sector Development Plans (SDPs) and Local Government Development Plans (LGDPs). The overall aim is to have a coordinated nutrition planning at all levels (i.e. central and local government levels). It provides a nutrition planning and coordination framework for the entire country. ▪ The NFNS also advocates for the establishment of school children feeding funds, and set up an advocacy fund for food and nutrition policy implementation.

Comments/ notes	The aforementioned efforts or leadership commitments do not address malnutrition and NCDs in an integrated manner. They are separate efforts i.e. they do not focus on both under nutrition and NCDs. Also, the Uganda Food and Nutrition Policy is too old. The draft Uganda Nutrition Action Plan II 2020/21-2024/25 and the Towards Zero Hunger Strategy 2020-2030 provide a pathway for implementation of nutrition-specific and nutrition-sensitive actions under a multi-sectoral enabling environment coordinated by the Office of the Prime Minister (OPM). Overall, the National Development Plan considers nutrition among key health priorities under cross-cutting issues, and improving the nutrition status of the population especially for young children and women of reproductive age is also a key health strategy in Uganda's Vision 2040.
International benchmark	**1)** ***NEW YORK***: As Mayor of New York City, Michael Bloomberg prioritised food policy and introduced a number of ground breaking policy initiatives including 'Health Bucks', a restriction on trans fats, establishment of an obesity taskforce, a portion size restriction on sugar-sweetened beverages, public awareness campaigns, etc. He showed strong and consistent leadership and a commitment to innovative approaches and cross-sectoral collaboration(86). **2)** ***BRAZIL***: The Minister of Health showed leadership in developing new dietary guidelines that are drastically different from the majority of dietary guidelines created by any nation to date, and align with some of the most commonly cited recommendations for healthy eating (87). **3)** ***CARICOM COUNTRIES***: Active NCD commissions exist in six of the 20 CARICOM member states (Bahamas, Barbados, Bermuda, British Virgin Islands, Dominica, Grenada) which are all housed in their Ministries of Health, with members recommended by the Minister of Health and appointed by the Cabinet of Government for a fixed duration; all include government agencies and to a varying degree, civil society and the private sector.
LEAD 2	
Clear population intake targets have been established by the government for the nutrients of concern and / or relevant food groups to meet WHO and national recommended dietary intake levels	
Definitions and scope	▪ Includes targets which specify population intakes according to average reductions in percentage or volume (e.g., mg/g) for salt/sodium, saturated fat, trans fats or added or free sugars* Typically requires the government to establish clear dietary guidelines on the maximum daily intake of nutrients of concern. ▪ Free sugar is defined as is the sugar no longer in its naturally-occurring state (i.e., no longer in whole fruits, vegetables, unsweetened dairy, and grains) and can be consumed as is or incorporated into other foods. Examples include table sugar, syrup, honey, fruit juice and nectars. Added sugar is defined as the free sugar that has been added to foods, however regulatory definitions vary widely under different jurisdictions, some of which are currently under review. These differ from naturally occurring sugars, defined as the sugar found naturally within whole foods (i.e., within whole fruits, vegetables, dairy, and some grains).
Context	The Nutrition Guidance for the General Population in the context of COVID-19 provides guidelines and targets for the population regarding food intake. It advises the general population on intake of healthy diets. The guideline clearly states that "Intake of healthy diets contribute to good nutrition which can also reduce the likelihood of developing other health problems, including obesity, heart disease, diabetes and some types of cancer". The Uganda Nutrition Action Plan (UNAP) 2011–2016 set targets for intake of some ingredients such as; increasing percentage of calories consumed from 57 in 2008 to 75 in 2016; per capita caloric intake from 2,220 in 2008 to 2,500 in 2016. However, the plan is outdated. Nonetheless, the new plan, UNAP II was approved by cabinet in September 2020 but not yet publicly available.
Evidence of implementation	▪ The policy guidelines on IYCF specifies intake targets or recommended intake levels – for example, ensuring that food is of the right consistency (thickness) and nutrient density (especially related to energy and micronutrients); and complementary food should be fed five times a day, while the amount should be increased as infants grow older. ▪ Presidential initiative on healthy eating and healthy life style provides simplified daily food intake recommendation for different categories of people. For instance, adults are recommended to take; 360-450g of cooked vegetables; 480-640g of cooked grains; Not more than 170g of cooked lean meat; 360-450g of cooked legumes; 45g of nuts and seeds; not more than 2-3 table spoons of fats and oils; less than 5 table spoons of sweet and sugar.

Comments/ notes	There is no specific action on targets for nutrients of concern.
International benchmark	**1)** ***BRAZIL***: The "Strategic Action Plan for Confronting NCDs in Brazil, 2011-2022 specifies a target of increasing adequate consumption of fruits and vegetables, from 18.2% to 24.3 % between 2010 and 2022 and reduction of the average salt intake of 12 g to 5 g, between 2010 and 2022(90). **2)** ***SOUTH AFRICA***: The South African plan for the prevention and control of non-communicable diseases includes a target on reducing mean population intake of salt to <5 grams per day by 2020 (91). **3)** ***UK***: In July 2015, the government adopted as official dietary advice the recommendation of the Advisory Committee on Nutrition that sugar should make up no more than 5% of daily calorie intake (30g or 7 cubes of sugar per day). Current sugar intake makes up 12 to 15% of energy. An evidence review by Public Health England outlines a number of strategies and interventions (92). In August 2016 the Government published 'Childhood obesity: A plan for action'. This included a commitment for Public Health England (PHE) to oversee a sugar reduction programme. This challenges all sectors of the food industry to reduce by 20% by 2020 the level of sugar in the categories that contribute most to the intakes of children up to 18 years.
LEAD 3	
Clear, interpretive, evidenced-informed food based dietary guidelines have been established and implemented.	
Definitions and scope	▪ Food-based dietary guidelines should be for both genders and key age groups including infants and pregnant women ▪ Evidence-informed includes extensive review of up-to-date research and mechanisms to seek expert input ▪ Evidence includes ways the FBDG have been used to develop/implement policies to improve diets
Context	Presidential Initiative on Healthy Eating and Healthy Lifestyle (PIHEHL): This is aimed at promoting healthy eating and lifestyle practices; and advocacy for engagement and involvement of public and private sectors, civil society and other stakeholders in promoting healthy diets and lifestyles among others. The nutrition guidelines for the general population in the context of COVID-19 in Uganda. This is aimed at; promoting and maintaining healthy diets, eating habits and healthy lifestyles in the general population during the COVID-19 pandemic.
Evidence of implementation	▪ There is no specific food based dietary guidelines in Uganda, however, the draft UNAPII has prioritised the development of national food-based dietary guidelines and food composition tables.
Comments/ notes	None
International benchmark	***BRAZIL***: The national dietary guidelines of Brazil address healthy eating from a cultural, ethical and environmental perspective, rather than based on number of servings per food group. The main recommendations are: 'Make natural or minimally processed foods the basis of your diet'; 'use oils, fats, salt, and sugar in small amounts for seasoning and cooking foods'; 'use processed foods in small amounts'; 'avoid ultra-processed foods'. They also provide advice on planning, shopping and sharing meals, as well as warning people to be wary of food marketing and advertising (93, 94).

LEAD 4
There is a comprehensive, transparent, up-to-date implementation plan linked to national needs and priorities, to improve food environments, reduce the intake of the nutrients of concern to meet WHO and national recommended dietary intake levels, and reduce diet-related NCDs

Definitions and scope	▪ Includes documented plans with specific actions and interventions (i.e., policies, programs, partnerships) ▪ Plans should be current (i.e., maintain endorsement by the current government and/or are being reported against) ▪ Plans should refer to actions to improve food environments (as defined in the policy domains above) and should include both policy and program strategies ▪ Excludes overarching frameworks that provide general guidance and direction ▪ Includes priority policy and program strategies, social media marketing for public awareness and threat of legislation for voluntary approaches.
Context	None
Evidence of implementation	▪ The following plans and policies are in place: (a) National Development Plan (NDP). Uganda's NDP considers food and nutrition and health as critical aspects of development. In this regard, the NDP has incorporated nutrition as a cross-cutting issue that requires multi-sectoral interventions. So, addressing nutrition issues has been considered as part of overall national development agenda, for achieving broader national development goals. Through the current NDP (i.e., NDP III), government plans to undertake interventions that improve nutrition under the human capital development program, particularly for children and mothers. The interventions are aimed at; promoting consumption of fortified foods and dietary diversification. NDP III also implores government to develop the national food fortification policy and law. The NDP III as well prioritises prevention and control of Non-Communicable Diseases with focus on high burden diseases. The NDP III set targets to reduce NCD rates such as; hypertension from 3.2 in 2017/18 to 2.5 in 2024/25; diabetic rates from 2.5 in 2017/18 to 2.0 in 2024/25; cancer from 1.8 to 1.2 in the same reference period. (b) Uganda Nutrition Action Plan. This emphasises, among others, community mobilization to promote adoption of healthy nutrition behaviours, community-based growth monitoring and promotion, and increased public awareness regarding the importance of nutrition to community and national development. However, the policy is having now been updated (2020), but the updated version is not yet available publicly. (c) Strategic Action Plan for Prevention and Control of Aflatoxin in Uganda (2018/19 - 2023/24). This action plan was designed to generally contributes to a healthy food environment by ensuring food safety, through control of aflatoxin in the food chain. (d) The Nutrition Advocacy and Communication Strategy of 2015 focused on increasing awareness that pre-packaged, processed snack foods and drinks do not represent good value or good nutrition. The strategy also advocated for supporting improved processing and storage of local foods by the private sector. Government has also developed the second Nutrition Advocacy and Communication Strategy (2020-2025) for the UNAPII and issues of NCDs are fully catered for.
Comments/ notes	Uganda Food and Nutrition Policy. Among others, the policy aims to achieve the following key specific objectives: ensuring a healthy environment and good sanitation in the entire food chain system; safeguarding the health of consumers; ensuring availability, accessibility, affordability of food in the quantities and qualities sufficient to satisfy the dietary needs of individuals sustainably; and promoting good nutrition for the entire population. Under the Food Standards and Quality Control component of the policy, the goal is to ensure that food meant for consumption is nutritious, safe and that it conforms to acceptable standards. Regarding food supplements, the goal is to ensure that whether they are manufactured locally or imported, they are safe and conform to acceptable standards. The policies, plans appear only as overarching and not specific to reduce the intake of the nutrients of concern, set targets or reduce diet-related NCDs.
International benchmark	***EU***: The European Food and Nutrition Action Plan 2015-20 outlines clear strategic goals, guiding principles, objectives, priorities and tools. The Plan aligns with the WHO Global Action Plan and under 'Objective 1 – Create healthy food and drink environments' there are clear policy and program actions identified(95).
LEAD 5	
Government priorities have been established to reduce inequalities or protect vulnerable populations in relation to diet, nutrition, obesity and NCDs	
Definitions and scope	▪ Frameworks, strategies or implementation plans specify aims, objectives or targets to reduce inequalities including taking a preventive approach that addresses the social and environmental determinants of health ▪ Frameworks, strategies or implementation plans identify vulnerable populations or priority groups ▪ Implementation plans specify policies or programs that aim to reduce inequalities for specific population groups ▪ Excludes priorities to reduce inequalities in secondary or tertiary prevention

Context	None
Evidence of implementation	▪ The Nutrition Guidance for the General Population in the context of COVID-19 targets the general public and special interest groups such as women, children, adolescents, the elderly and the sick. ▪ The National Nutrition Planning Guidelines stipulates that planning for nutrition should be anchored on principles that address the needs of the vulnerable population. These include; human rights-based approach (i.e., recognition of human rights to adequate food and nutrition; focus on the most vulnerable groups - vulnerable groups should be identified for appropriate targeting with appropriate interventions.
Comments/ notes	Established priorities are geared towards food security and target those vulnerable to undernutrition and am not be geared towards those vulnerable over nutrition, obesity and NCDs.
International benchmark	**1)** ***NEW ZEALAND***: The Ministry of Health reports the estimates derived from health surveys and nutrition surveys by four subpopulation groups including age group, gender, ethnic group and an area level deprivation index. Similarly, estimates derived from other data types (e.g. mortality) are presented by these subpopulation groups. The contracts between MoH and NGOs or other institutions include a section on Maori Health and state: "An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. You must comply with any: a) Maori specific service requirements, b) Maori specific quality requirements and c) Maori specific monitoring requirements". In addition, the provider quality specifications for public health services include specific requirements for Maori:" C1 Services meet needs of Maori, C2 Maori participation at all levels of strategic and service planning, development and implementation within organisation at governance, management and service delivery levels, C3: support for Maori accessing services". In the specific contract between the Ministry of Health and Agencies for Nutrition Action the first clause is on Maori Health: "you must comply with any Maori specific service requirements, Maori specific quality requirements and Maori specific monitoring requirements contained in the Service specifications to this agreement". **2)** ***AUSTRALIA***: The National Indigenous Reform Agreement (Closing the Gap) is an agreement between the Commonwealth of Australia and the States and Territories. The objective of this agreement is to work together with Indigenous Australians to Close the Gap in Indigenous disadvantage. The targets agreed to by COAG relate to health or social determinants of health. For the target 'Closing the life expectancy gap within a generation (by 2031)', one of the performance indicators is the prevalence of overweight and obesity.
LEAD 6	
A national policy on breastfeeding has been officially adopted/approved/implemented by the government, accompanied by an action plan to implement and promote the policy e.g. BFHI, BFCI, Maternity leave	
Definition of scope	▪ Includes national policies, guidelines, strategies, frameworks, and programs with specific actions to protect, promote and support breastfeeding ▪ Includes laws and regulations intended to protect, promote and support breastfeeding ▪ Includes adoption of global agenda, commitments, initiatives geared towards protecting, promoting and supporting breastfeeding e.g BFHI, BFCI, Maternity protection etc.
Context	None

Evidence of implementation	▪ The policy guidelines on Infant and Young Child Feeding (IYCF) has its first specific objective as promoting, protecting, and supporting exclusive breastfeeding for the first 6 months of life, with continued breastfeeding up to 2 years and beyond. The policy guidelines state that lactating mothers should be appropriately cared for and encouraged to consume adequate quantities of nutritious foods, to facilitate breastfeeding. ▪ The policy guideline number 8 specifies that mothers of infants who are born with low birth weight but can suckle should be encouraged to breastfeed, unless there is a medical contraindication. Also, mothers of low-birth-weight infants who cannot suckle well shall be encouraged and assisted to express breast milk and to give it by cup, spoon or naso-gastric tube. Guideline number 9 states that, "mothers, caretakers, and families should be counselled and supported to practice optimal IYCF in emergencies and other exceptionally difficult/ special circumstances". ▪ The guidelines recommend that; all health facilities offering maternity services implement the Baby Friendly Health Facility Initiative (BFHI), and should become certified as Baby-Friendly according to the BFHI Requirements; mothers are encouraged to feed their infants colostrum or "first milk"; mothers should be counselled to breastfeed frequently on demand, both by day and night; as well as counselled and supported to continue and even increase the frequency of breastfeeding when the mother or the child is sick, and when the infant is unable to suckle, expressed breast milk should be fed by cup or tube. ▪ Breastfeeding is also promoted, in part, through; the Baby Friendly Health Facility Initiative" (BFHI) and "Health Facility Practices Policy" of October 1999; the "Integrated Management of Childhood Illness (IMCI) Feeding Guidelines"; the "Vitamin A Supplementation Guidelines"; and "A Guide for Health Workers: Facts to know about Breastfeeding and Complementary Feeding" - Ministry of Health, 1998. ▪ Furthermore, the guidelines on IYCF recommend implementation of the BFHI requirements such as; having a written breastfeeding policy that is routinely communicated to all healthcare staff and training health workers to implement the policy; sensitizing all pregnant women about the benefits and management of breastfeeding; helping mothers initiate breastfeeding within the first hour of birth; showing mothers how to breastfeed and maintain lactation even if they are separated from their infants; and among others, giving new-born infants no foods or drinks other than breast milk, unless medically indicated. ▪ The "Employment Act of 2006" – section 56 provides safeguard to working mother's necessary role in infant feeding. Specifically, the Act provides for maternity leave for a period of sixty working days from work on full wages. Further, the policy guidelines on IYCF also encourages the government (through Ministry of Gender, Labour and Social Development) to advocate for enactment of any other laws and regulations that enhance maternity protection. ▪ In addition, the policy guidelines on IYCF recommends the private sector and employees to provide maternity entitlement to employees in accordance with the Employment Act of 2006. ▪ Recently in August 2021, the government signed a Maternal Infant Young Child and Adolescent Nutrition (MIYCAN) Action Plan whose goal is to reduce all forms of malnutrition in these vulnerable populations[19]. ▪ The infant formula standard established through UNBS provides for a requirement that infant formula labels must contain "important notice" such as; a statement "Breast milk is the best food for your baby" or a similar statement as to the superiority of breastfeeding or breast milk.
Comments/ notes	Policies, legislation and standards exist and promote breast feeding practices.

International benchmark	Several countries have adopted the WHO's Global Strategy for Infant and Young Child Feeding, and developed a national infant and young child feeding policy. According to a WHO report (2017), the baby friendly initiative, which aims to protect, promote and support breastfeeding, is implemented in over 150 countries (12). In addition, the maternity protection convention 183 (13), which recommends at least 14 weeks of maternity leave and breastfeeding breaks upon return to work, has been ratified and is implemented in most countries in the world (14,15). Examples include: SCOTLAND: In 2018, Scotland was accredited as the first jurisdiction to have 100% baby friendly accreditation in maternity and community services. The jurisdiction has a breastfeeding policy and implementation framework that supports and promotes the benefits of breastfeeding and the importance of a healthy diet throughout early childhood. The implementation framework requires NHS boards to detail how they are implementing the framework, including specific areas of work around antenatal education, postnatal breastfeeding support and accredited breastfeeding peer support. The framework also requires that all maternity units and 80% of community health partnerships in Scotland achieve Baby Friendly accreditation. The Scottish Government has funded a Professional Officer and has provided financial support to assist boards with the accreditation process, and this requirement has now been met (16)UK, population 5.1 million, with about 53 000 births a year. Participants: All 33 maternity units with over 50 births per annum and 464 246 infants born in Scotland between 1995 and 2002. Main outcome measures: Baby Friendly status of each maternity unit at the time of an infant's birth: certificate of commitment, UK standard award, and breast feeding at 7 days postnatal age. Results: Babies born in a hospital with the UK Baby Friendly Hospital Initiative standard award were 28% ($p < 0.001$. In NORWAY maternity leave is 42 weeks with full pay or 52 weeks with 80% of salary. Flexible part time is available for women from two months after giving birth with income supplemented from maternity benefits (17). The GHANA health delivery system supports the global public health recommendation of exclusive breastfeeding for six months, beginning from birth and currently implements the Baby-Friendly Hospital Initiative. In 2000, the Ghanaian Government promulgated the Breastfeeding Promotion Law/Regulations 2000 (LI 1667) to protect, promote and support breastfeeding. It restricts the marketing of breastmilk substitutes in public places including hospitals. Ghana also implements the baby friendly facility initiative since 2014, in 2016, 35% of the hospitals were declared baby friendly (18)
LEAD 7	
A national policy on complementary feeding has been officially adopted/approved/implemented by the government, accompanied by an action plan to implement and promote the policy.	
Definition of scope	• Includes national policies, guidelines, strategies, frameworks, programs with specific actions to promote optimal complementary feeding practices • Includes laws and regulations intended to promote optimal complementary feeding practices • Includes adoption of global agenda, commitments, initiatives geared towards to promote optimal complementary feeding practices
Context	The policy guidelines on Infant and Young Child Feeding (IYCF) aims to: Ensure nutritionally adequate and safe complementary feeding from 6 months of life while breastfeeding continues. It states that parents shall be counselled and supported to introduce adequate, safe and appropriately fed complementary foods at 6 months of the infant's age while they continue breastfeeding for up to 2 years or beyond. The guideline recommends promoting the use of a variety of nutritious, locally available foods for infants and young children and includes implementation actions and indicators of success used during monitoring. Regulations exist on the Food and Drugs (Marketing of Infant and Young Child Foods). These have provisions on complimentary foods. Uganda established the infant formula standard (through UNBS), which provides guidelines on complementary feeding. The standard states that infant formula information shall appear on the label to the effect that infants should receive complementary foods in addition to the formula, from an age that is appropriate for their specific growth and development needs, as advised by an independent health worker, and in any case from the age over six months.

Evidence of implementation	▪ The established policy guidelines by government, on Infant and Young Child Feeding (IYCF), provides for support to parents to introduce adequate, safe and appropriately fed complementary foods (soft and semi-solid complementary foods) at 6 months of infant's age while they continue breastfeeding for up to 2 years or beyond. ▪ Specifically, the second objective of the policy guideline targets ensuring nutritionally adequate and safe complementary feeding from 6 months of life while breastfeeding continues. The guideline recommends promoting the use of a variety of nutritious, locally available foods for infants and young children. ▪ UNBS implements and enforces standards for complementary food including requiring certification, testing regularly to ensure safety and adequacy of nutrients.
Comments/ notes	No specific national policy on complementary feeding but policy guidelines on IYCF support complementary feeding. Standards for complementary foods exist and are implemented
International benchmark	- Most countries in the world have adopted the WHO's global strategy for infant and young child feeding which comprises of breastfeeding and complementary feeding. The strategy states that infants should be exclusively breastfed for the first six months of life and thereafter receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond. For complementary feeding the strategy recommends; timely, adequate, safe and age-appropriate feeds. Examples of countries that have adopted the strategy include; GHANA, KENYA, PAPUA NEW GUINEA - In 2020, a complementary feeding guideline was developed for the ASIA PACIFIC region (19). It provides recommendations for complementary feeding in the Asia pacific region based on the WHO global strategy for infant and child feeding. Some of the recommendations state that complementary foods should; ✓ Provide sufficient energy and nutrients ✓ Be clean, safe and hygienically prepared ✓ Have low in sugar and fat content ✓ Be in the right amounts and frequency based on the child's age ✓ Be sustainable, affordable, climatic change resilient Responsive feeding and avoidance of breastmilk substitutes and infant formula - Complementary feeding recipe books have been developed in KENYA and ZAMBIA
LEAD 8	
Country level targets, including specific timeframes, for exclusive breastfeeding and complimentary feeding have been set at national level	
Definition of scope	▪ Includes time bound national targets for general breastfeeding and complementary feeding ▪ Includes time bound national targets for specific breastfeeding and complementary feeding indicators e.g., exclusive breastfeeding, minimum dietary diversity, minimum acceptable diet etc. ▪ Includes adoption of global breastfeeding and complementary feeding targets e.g. the world health assembly targets
Context	The policy guidelines on Infant and Young Child Feeding (IYCF) support exclusive breast feeding for six months and complementary feeding from 6 months of life while breastfeeding continues
Evidence of implementation	▪ The policy guideline on IYCF prescribes targets for both breastfeeding and complementary feeding. Specifically, the guidelines target; ensuring timely initiation of breastfeeding within the first hour of birth; protecting, promoting, and supporting exclusive breastfeeding for the first 6 months and continued breastfeeding up to a period of 2 years or more; and promoting timely introduction of nutritionally adequate complementary foods.
Comments/ notes	Specific target timeframes are set, promoted and implemented. Uganda established the infant formula standard (through UNBS), which provides guidelines on complementary feeding. The standard states that infant formula information shall appear on the label to the effect that infants should receive complementary foods in addition to the formula, from an age that is appropriate for their specific growth and development needs, as advised by an independent health worker, and in any case from the age over six months.

International benchmark	Ministry of Health in Vietnam agreed to apply from May 2009 the new World Health Organization (WHO) child growth standards for assessing child nutritional status for the surveillance system Most countries have adopted the global nutrition targets (2025) of increasing the rate of exclusive breastfeeding to at least 50% by 2025. Progress towards achieving these targets is tracked through the global nutrition report, in 2020, the report indicated that 32 countries were on track to achieving the exclusive breastfeeding target (increase to 50%) (23) VIETNAM – In 2009 /2010, adopted the WHO IYCF indicators and incorporated them in the National Nutrition Surveillance System (NNSS) data collection questionnaires. The NNSS data is collected every year in the month of June to August. The data is then analyzed and presented in reports of provincial nutrition profiles and visualization maps indicating IYCF practices in the country. The data has been useful in IYCF policy advocacy, program planning, trend monitoring and capacity building in the country. The NNSS is funded by the government though the National Institute of Nutrition (24) BOLIVIA: has set indicators for breastfeeding (early initiation, rooming in , skin to skin contact and exclusive breastfeeding for the first six months), and included them in the National Health Statistics and Information System for regular monitoring. Various countries have included maternal and child nutrition indicators including breastfeeding and complementary feeding indicators in the national demographic healthy surveillance / surveys (DHS) that are conducted every 5 years.
LEAD 9	
There is strong, visible, political support for actions to address all forms of malnutrition over the life course (wasting, stunting, underweight, overweight, obesity, micronutrient deficiency, diet related NCDs) at national level.	
Definition of scope	▪ Visible support includes statements of intent, election commitments, budget commitments, establishing priorities and targets, demonstration of support in the media, other actions that demonstrate support for new or strengthened policy to address all forms of malnutrition ▪ Policy documents that contain evidence of strong political support include media releases, speeches, pre-election policy papers, introduction of a bill, State-level strategic plans with targets or key performance indicators of both over and undernutrition including micro-nutrient deficiencies.
Context	Uganda has also adopted the Comprehensive Africa Agriculture Development Programme (CAADP). This is also an African Union initiative. One of the core pillars of CAADP is nutrition and food security. The President of the Republic of Uganda signed the Uganda Nutrition Action Plan (UNAP) in 2011. In his communication, he sent a message that all stakeholders “must act now”, to address nutrition related problems. Political will into the UNAP process is illustrated by support from the president, 8 cabinet ministers, and the NPA that played coordination role. UNAP II was approved by cabinet in September 2020. Uganda has a national food fortification program that covers salt iodisation and fortification of staples wheat flour and maize flour and cooking oil with iodine, vitamins and minerals.

Evidence of implementation	▪ In the region, Uganda adopted the African Regional Nutrition Strategy[20], under the African Union. The strategy focuses on advocating for renewed commitment to nutrition, intensify member states' efforts to sustainably address malnutrition in the wake of worsening nutrition status of vulnerable groups, and stimulate actions at national and regional levels that result in improved nutrition outcomes. In this regard, Uganda hosted the 2010 summit of African Union heads of state, where the member states approved the establishment of an Africa Food and Nutrition Day to be commemorated on an annual basis, on the 31st of October. This is aimed at reminding member states (including Uganda) about the need to steadily address their nutrition problems. ▪ Although outdated, the UNAP (I) was designed to address the multiple causes of malnutrition among young children in Uganda, through building linkages between key sectors in both the public and private arenas; intra- and inter-sectoral linkages, public-private partnerships, co-ordination, and collaboration will be strengthened to facilitate adequate nutrition advocacy, programming, and M&E. ▪ The plan also targeted equipping local institutions to provide leadership and capacity in nutrition policy and programming. Here, the first step was to set up a legal establishment of the Food and Nutrition Council (FNC) and its secretariat. Action targeted strengthening key public sectors to finance nutrition programmes and research with local or external resources. The pan also set to establish incentives to enable the private sector and local governments to increase investments in nutrition. ▪ UNFP emphasises on eliminating micro-nutrient deficiency disorders with focus on Vitamin A deficiency, Iodine deficiency disorders, and Iron deficiency; and the prevention and control of chronic nutrition-related NCDs. ▪ The National Food and Nutrition Strategy (NFNS) proposes prevention of low birth weight through micronutrient supplementation; and encourages appropriate use of fortified complementary foods for child growth. ▪ Uganda implements an annual Vitamin A supplementation program, given to mothers and children below five years during the child-days-plus, while adolescent girls receive the Iron and foliate tablets from their nearest health centres. ▪ The UFNP highlights that the goal of the Government is to improve and promote the nutritional status of the population to a level that is consistent with good health. The specific objectives under the policy that addresses issues of nutrition include; to significantly reduce macro-and micro-nutrient malnutrition - especially among children; to reduce under-nutrition among adolescents and women of reproductive age; and to reduce the incidence of low birth weight; to eliminate micro-nutrient deficiency disorders with particular emphasis on Vitamin A deficiency, Iodine deficiency disorders, and Iron deficiency anaemia; and to prevent and control chronic nutrition-related non-communicable diseases. ▪ Through the human capital development programme, the NDPIII has set a target to reduce the prevalence of under-five stunting from 28.9 percent to 24 percent. ▪ Uganda, through use of Integrated Management of Acute Malnutrition Guidelines 2016 is able to ensure appropriate preventive interventions, early identification and treatment of the acutely malnourished[21].
Comments/ notes	The policy guidelines on IYCF recommends political leaders to advocate for and support budgetary allocations for the implementation of the guidelines and any other related IYCF laws and policies. Political leaders provide visible support for actions to address malnutrition in general.

International benchmark	**TAJISKITAN:** The Nutrition and Physical activity strategy for the republic of tajiskitan (2015 to 2024) acknowledges the multiple burden of malnutrition including undernutrition, micronutrient deficiencies and overweight and obesity, as well as NCDs (40). The strategy includes an objective, indicators and targets on the reduction of the prevalence of all forms of malnutrition including undernutrition, over nutrition and nutrition related - NCDs risk factors as follows; ✓ Reduction of stunting by 40%; ✓ Reduction of Iron deficiency anemia among women of reproductive age by 50%; ✓ Maintain wasting at levels below 5%; ✓ Ensure there is no increase in of overweight in children and other population groups. ✓ Adaption of the governing rules on advertising and marketing of children food products. ✓ Promote consumption of at least 400 grams of fruits and vegetables per day. ✓ Elimination of dietary trans-fats; ✓ Reduce salt intake in the population by 30%; **SEYCHELLES:** National Food and Nutrition Security Policy (NFNSP) (2013) recognizes the impact of changing lifestyles on consumption of highly processed foods and other obesogenic factors as well as the consequences of hunger and malnutrition which also contribute to the high occurrence of NCDs. The government recognizes the importance of assessing the quality of imported foods to safeguard the nutritional security as it is a major source of nutrition for its citizens. Demonstrates the government's renewed commitment to zero hunger and health through the provision of nutritious food. **SAMOA** National Food and Nutrition Policy (2013) aims to improve food, nutrition and health by taking steps including promoting appropriate infant and young child feeding, prevention of malnutrition and micronutrient deficiencies, promoting healthy eating and lifestyles, building partnerships, advocating for pricing and taxes to promote availability of healthy foods etc. **EUROPE** The European union's farm to fork strategy focuses includes strategies to ensure food security and also Promoting sustainable food consumption and facilitating the shift to healthy, sustainable diets as a strategy to address obesity and related health conditions in the member states (41). **INDIA:** Schools Authorities to ensure the provision of safe and balanced diets on school premises. Prohibiting the sale and advertising of foods high in nutrients of concern on premises, prohibit the marketing foods high in nutrients of concern on computers, promote a safe and healthy environment including access to drinking water (based on Dietary Guidelines for Indians) (42) **MALAWI:** 10. National Multi-Sector Nutrition Policy (2018-2022). This document highlights commitments to dealing with the double-burden of malnutrition. These include; efforts to target undernutrition in key groups - children under 5yrs, adolescent girls, school-going children, pregnant and lactating women, PLWHIV, and other vulnerable groups; improve emergency nutrition interventions, create enabling environments for effective nutrition interventions, and to reduce the prevalence of overweight and NR-NCDs in the general population (43).

DOMAIN 9 - GOVERNANCE

Governments have structures in place to ensure transparency and accountability, and encourage broad community participation and inclusion when formulating and implementing policies and actions to create healthy food environments, improve population nutrition, and reduce diet-related inequalities.

Summary of findings

The process of developing food and nutrition policies in Uganda remains susceptible to commercial influences, as there is no evidence of existence of procedures to restrict such commercial influences, especially where there is conflict of interest with improving population nutrition.

There is consensus on the need to use evidence for food and nutrition policy development. For instance, besides emphasizing the need for operational research for nutrition, the UFNP provides strategies to promote the use of evidence in policy development and implementation. Similarly, the National Nutrition Action Plan emphasizes the use of verifiable nutrition evidence to inform decision making at sectoral or local government levels.

There is some legislative commitment to increase access to nutrition information. While the Uganda Food and Nutrition Policy (UFNP) requires UNBS to create public awareness on food standards and food quality, the National Food and Nutrition Strategy (NFNS) suggests numerous ways of increasing food and nutrition advocacy. Besides, various MDAs have policy documents on their websites although access to these online documents is limited by low internet penetration.

GOVER 1	
There are procedures in place to restrict commercial influences on the development of policies related to food environments where they have conflicts of interest with improving population nutrition.	
Definitions and scope	▪ Includes government policies, guidelines, codes of conduct or other mechanisms to guide actions and decision-making by government employees, for example conflict of interest declaration procedures ▪ Includes procedures to manage partnerships with private companies or peak bodies representing industries that are consulted for the purpose of developing policy, for examples committee procedural guidelines or terms of reference. ▪ Includes publicly available, up to-to-date registers of lobbyist and/ or their activities
Context	The Uganda Food and Nutrition Policy (UFNP) highlights the need to strengthen food monitoring system including the detection and prevention of dumping of sub-standard and toxic food in Uganda. Government of Uganda is led by the President who is the Chairperson of the Cabinet. There are several ministries including health, agriculture, trade, water and environment among others that have impact on population nutrition. Government policies are developed through process of initiation, drafting and consultations before it is approved by Cabinet. The initiation and coordination of the process is led by a ministry responsible for the subject of the policy. Nutrition policies are led by either ministry of health or ministry of agriculture in collaboration. Partners, lobbyists and advocates of policy have access to policy makers and other stakeholders.

Evidence of implementation	▪ There is no specific evidence found of policies, guidelines, codes of conduct for employees to manage partnerships with private companies or bodies and lobbyists nor are there any publicly available up to-to-date registers of lobbyist and/ or their activities.
Comments/ notes	There are procedures in place to restrict commercial influences on the development of policies where they have conflict of interests. These procedures are not specifically related to policies related to the food environment, but more generally to 1) commissioners and 2) commission staff as seen in The Uganda Law Reform commission Act[22].
International benchmark	**1)** ***US***: Mandatory and publicly accessible lobby registers exist at the federal level, as well as in nearly every state. Financial information must be disclosed, and the register is enforced through significant sanctions. A number of pieces of legislation uphold compliance with the register including Lobbying Disclosure Act of 1995 and the Honest Leadership and Open Government Act 2007. **2)** ***NEW ZEALAND***: The State Services Commission has published Best Practice Guidelines for Departments Responsible for Regulatory Processes with Significant Commercial Implications. They cover the development and operation of a regulatory process and include specific references to principles around stakeholder relationship management (96). **3)** ***AUSTRALIA***: The Australian Public Service Commission's Values and Code of Conduct includes a number of relevant sections such as the Conflict of Interest, Working with the Private Sector and other Stakeholders and the Lobbying Code of Conduct.
GOVER 2	
Policies and procedures are implemented using evidence in the development of food and nutrition policies	
Definitions and scope	▪ Includes policies, procedures or guidelines to support government employees in the use of evidence for policy development including best practice evidence review methodology (including types and strength of evidence needed) and policy implementation in the absence of strong evidence (where the potential risk or harms of inaction are great). ▪ Includes policies, procedures or guidelines that stipulate the requirements for the establishment of a scientific or expert committee to inform policy development. ▪ Includes the use of evidence-based models, algorithms and tools to guide policy development or within policy to guide implementation (e.g. nutrient profiling model) ▪ Includes government resourcing of evidence and research by specific units, either within or across government departments
Context	Food and nutrition policies are developed through a consultative process that includes analysis of existing evidence current status and existing policies in place.
Evidence of implementation	▪ Uganda Food and Nutrition Policy provides for strategies to promote use of evidence in policy development and implementation. For example, it places emphasis on; establishing sentinel sites for the collection of data on food and nutrition; publishing and disseminating regular reports on the food and nutrition situation at all levels; and provision of timely information on food and nutrition for rational decision-making at all levels; as well as strengthening systems for providing early warning information on the food and nutrition situation in the country, through food and nutrition surveillance. ▪ The policy also points out the need for enhancing operational research for nutrition; and compilation food composition data for all foods consumed in Uganda. ▪ The National Nutrition Planning Guidelines provide for and recommend that context-specific, verifiable nutrition data or evidence should be used to inform decision making at sectoral or local government levels.

Comments/ notes	A study done from 2013 to 2015 by USAID funded multi-sectoral SPRING project reported that funding in nutrition did not increase over years. In addition, the funds spent by the government were very minimal and underspent while the largest contribution to the nutrition budget was majorly coming from International Donors[23]. Policy development process uses evidence in the development of food and nutrition policies.
International benchmark	***AUSTRALIA***: The National Health and Medical Research Council Act 1992 (NHMRC Act) requires NHMRC to develop evidence-based guidelines. These national guidelines are developed by teams of specialists following a rigorous nine-step development process (97)
GOVER 3	
Policies and procedures are implemented for ensuring transparency in the development of food and nutrition policies	
Definitions and scope	▪ Includes policies or procedures that guide the use of consultation in the development of food policy ▪ Includes policies or procedures to guide the online publishing of private sector and civil society submissions to government around the development of policy and subsequent government response to these. ▪ Includes policies or procedures to guide the online publishing of scoping papers, draft and final policies ▪ Include policies or procedures to guide public communications around all policies put forward but not progressed
Context	Government policies are developed through process of initiation, drafting and consultations before it is approved by Cabinet. The initiation and coordination of the process is led by a ministry responsible for the subject of the policy. Nutrition policies are led by either ministry of health or ministry of agriculture in collaboration. A guide to policy development[24] exists and states under risk management that: ○ Departments and agencies should make earning and maintaining public trust a priority in order to help them advise the public about risks they may face. There should be more openness and transparency, wider engagement of stakeholders and the public to provide for wider availability of choices. The guide provides under communication issues that: ○ Policy be planned from the start of the policy process and tackled as an issue throughout; ○ Based on a sound awareness of the political and wider context within which the policy is being developed; ○ Focus on what is likely to be of greatest public interest, highlighting the policy proposal and resulting likely criticisms; ○ Target relevant audiences and make use of a range of media and formats in order to reach those audiences; and involve all those who will have a part to play in presenting policy – Ministers and service deliverers/implementers.
Evidence of implementation	• The guide on policy making and management provides for transparency and stakeholder consultations. • Policy process usually goes through consultations with different stakeholders. • However, there is no specific evidence found so far on the online publishing of submissions to government around the development of policy and subsequent government response to these. • There are no specific guidelines on publishing of scoping papers, draft and final policies and public communications

Comments/ notes	Guides exist and are implemented. No guidelines or implementation of online publishing of public comments and/or government responses
International benchmark	***AUSTRALIA/NEW ZEALAND***: Food Standards Australia New Zealand (FSANZ) is required by the Food Standards Australia New Zealand Act 1991 to engage stakeholders in the development of new standards. This process is open to everyone in the community including consumers, public health professionals, and industry and government representatives. FSANZ has developed a Stakeholder Engagement Strategy 2013-16 that outlines the scope and processes for engagement. Under the Stakeholder Engagement Priorities 2013-16, it outlined "maintain our open and transparent approach" as one of the first priorities (98).
GOVER 4	
The government ensures public access to comprehensive nutrition information and key documents (e.g. budget documents, annual performance reviews and health indicators) for the public	
Definitions and scope	▪ Includes policies and procedures to guide the timely, online publishing of government budgets, performance reviews, audits, evaluation reports or the findings of other reviews or inquiries ▪ Includes 'freedom of information' legislation and related processes to enable the public access to government information on request, with minimal restrictions and exemptions ▪ Includes policies or procedures to guide the timely, online publishing of population health data captured / owned by government
Context	The Uganda access to information act, 2005, makes provisions: a) to promote an efficient, effective, transparent and accountable Government; b) to give effect to article 41 of the Constitution by providing the right of access to information held by organs of the State, other than exempt records and information; c) to protect persons disclosing evidence of contravention of the law, maladministration or corruption in Government bodies; d) to promote transparency and accountability in all organs of the State by providing the public with timely, accessible and accurate information; and e) to empower the public to effectively scrutinise and participate in Government decisions that affect them. Uganda Food and Nutrition Policy (UFNP) sets a goal of Government to provide information and develop skills to promote proper food and nutrition practices in both rural and urban communities. One of the objectives in this area is to create awareness among the population about the importance of food and nutrition in relation to health and development The National Food and Nutrition Strategy (NFNS) provides for setting up food and nutrition advocacy and oversight focal points in sector ministries and at various levels of local government. The strategy also proposes the provision of public information on healthy diets. Additionally, the strategy provides for the development of a well-coordinated system for collating and disseminating information on food marketing and distribution. Uganda Food and Nutrition Policy (UFNP) requires the Uganda National Bureau of Standards (UNBS) to create public awareness on food standards and food quality through information dissemination using various platforms.

Evidence of implementation	▪ The UFNP requires the Uganda National Bureau of Standards (UNBS) to create public awareness on food standards and food quality through information dissemination using various platforms. ▪ The National Food and Nutrition Strategy (NFNS) provides for setting up food and nutrition advocacy and oversight focal points in sector ministries and at various levels of local government. The strategy also proposes the provision of public information on healthy diets. Additionally, the strategy provides for the development of a well-coordinated system for collating and disseminating information on food marketing and distribution. ▪ Some government Ministries, Departments, and Agencies (MDAs), have posted some of the policy documents and strategies on their websites. ▪ The annual health sector performance review; Uganda Demographic and Health Survey; and Uganda National Household Survey provide information on nutrition and health indicators.
Comments/ notes	In Uganda, the right to access information is enshrined in Article 41 of the Constitution (1995) which provides that, "Every citizen has a right of access to information in the possession of the state or any other organ of the state except where the release of the information is likely to interfere with the security of the state or the right to the privacy of any other person". Uganda was among the first African countries to enact a right to information law, the Access to Information Act (ATIA), 2005 and later the Access to Information Regulations, 2011. The public generally has access to information save for limitation on awareness and capacity to use this information and to ask for more.
International benchmark	***AUSTRALIA/NEW ZEALAND***: The Freedom of Information Act provides a legally enforceable right of the public to access documents of government departments and most agencies.

DOMAIN 10 - MONITORING AND INTELLIGENCE

The government's monitoring and intelligence systems (surveillance, evaluation, research and reporting) are comprehensive and regular enough to assess the status of food environments, food safety population nutrition and diet-related NCDs and their inequalities, and to measure progress on achieving the goals of nutrition and health plans.

Summary of findings

Existing policies (such as UFNP) emphasize the need to monitor food and nutrition situation in the country. However, the effectiveness of their M&E framework to monitor food and nutrition situation is unclear. The coverage of the monitoring system is therefore limited.

The Uganda Demographic and Health Surveys (UDHS) provide data for monitoring child nutrition status, nutrition intake, and malnutrition. Through UDHS together with the HMIS, indicators on breastfeeding and complementary feeding are monitored. In addition, the policy guidelines on IYCF also developed national indicators to guide the monitoring of breastfeeding and complementary feeding. The UDHS however is a low frequency survey implemented in five-year time interval. Relatedly, there is no evidence on regular use of anthropometric measures to monitor overweight and obesity despite the UDHS providing useful information about overweight and obesity. Nonetheless, there are efforts to monitor NCD risk factors and occurrence rates especially through surveys such as the STEP survey (2014) and the UDHS.

Most of the policies, strategies, programmes, and plans regarding nutrition and health have M&E framework in their design. However, comprehensive evaluation of these policies is either not done on time, or not done at all. Relatedly, whereas there are annual sector performance reviews used to monitor health indicators including health inequality, such reviews are not specifically meant for nutrition and health impacts among vulnerable groups.

There are efforts to promote growth monitoring. For instance, the policy guidelines on IYCF provides recommendations to enable mothers maintain essential documents and information to enable growth monitoring. In addition, the HMIS provides data which is essential for growth monitoring.

There exist mechanisms for monitoring food safety indicators in the country. For instance, the Aflatoxin Control Action Plan (ACAP) provides for periodic systematic collection and analysis of data regarding food safety. There is also Aflatoxin Working Group at MAAIF which oversaw the integration of food safety, and aflatoxin mitigation into the Agriculture Sector Strategic Plan. Finally, there are food standards established and enforced by UNBS and there exist monitoring systems especially for conformity of food items to standards requirements covering food safety and nutrient content of fortified foods.

MONIT 1	
Monitoring systems, implemented by the government, are in place to regularly monitor food environments (especially for food composition for nutrients of concern, food promotion to children, and nutritional quality of food in schools and other public sector settings), against codes / guidelines / standards / targets	
Definitions and scope	▪ Includes monitoring systems funded fully or in part by government that are managed by an academic institution or other organisation ▪ Includes regular monitoring and review of the impact of policies implemented by the government on food environments (as relevant to the individual State / Territory, and described in the policy domains above), in particular: ▪ Monitoring of compliance with voluntary food composition standards related to nutrients of concern in out-of-home meals (as defined in the 'Food composition' domain) ▪ Monitoring of compliance with food labelling regulations (as defined in the 'Food labelling' domain above) ▪ Monitoring of unhealthy food promoted to children via broadcast and non-broadcast media and in children's settings (as defined in the 'Food promotion' domain above) ▪ Monitoring of compliance with food provision policies in schools, early childhood services and public sector settings (as defined in the 'Food provision' domain above)

Context	The UFNP states the need to put emphasis on monitoring the food and nutrition situation in the country. However, it does not have a well laid down or comprehensive M&E framework to monitor food and nutrition situation.
Evidence of implementation	▪ Government, in collaboration with development partners conduct the **Uganda Demographic and Health Survey** after every five years. The DHS contains nutritional information that can be used for monitoring purposes. ▪ The main monitoring system implemented by the government is that which focuses on conformity of food and other non-food items to standards requirements. This is enforced by UNBS – however, the coverage of the monitoring system is limited to food safety and only nutrient content of fortified foods. There is also no evidence of monitoring in schools. ▪ For example, in February 2021, the UNBS and Uganda National Drug Authority issued a warning to local companies manufacturing soft drinks against misleading the masses by claiming that their products contain the nutritional and therapeutic value in adverts on Television, radio, and social media. Such actions are taken because there are companies certified to manufacture food (including drinks) and non-food items, but they have a tendency of altering the message on content of their products. ▪ Also, the UFNP states the need to put emphasis on monitoring the food and nutrition situation in the country. However, it does not have a well laid down or comprehensive M&E framework to monitor food and nutrition situation.
Comments/ notes	As of today, Uganda only has 1 nutrition database developed by Harvest Plus that covers East and central foods in Uganda which gives information on the amount of vitamins and minerals contained in foods but not on the nutrients of concern. No update has been done since then. There is no monitoring of compliance with food labelling regulations despite the regulatory functional body - UNBS. There is no evidence of monitoring of nutrition in schools, early childhood services and public sector settings; or as foreseen in this domain.
International benchmark	**1)** ***MANY COUNTRIES***: Many countries do have food composition databases available. For example, the New Zealand Institute for Plant & Food Research Limited and the Ministry of Health jointly own the New Zealand Food Composition Database (NZFCD) which is a comprehensive collection of nutrient data in New Zealand containing nutrient information on more than 2600 foods. **2)** ***NEW ZEALAND***: A national School and Early Childhood Education (ECE) Services Food and Nutrition Environment Survey was organised in all Schools and ECES across New Zealand in 2007 and 2009 by the Ministry of Health to measure the food environments in schools and ECEs in New Zealand. ***3) UK***: in October 2005, the School Food Trust ('the Trust'; now called the Children's Food Trust) was established to provide independent support and advice to schools, caterers, manufacturers and others on improving the standard of school meals. They perform annual surveys, including the latest information on how many children are having school meals in England, how much they cost and how they're being provided (99).
MONIT 2	
There is regular monitoring of adult and childhood nutrition status and population intakes against specified intake targets or recommended daily intake levels	
Definitions and scope	▪ Includes monitoring of adult and child intake in line with X Countries Food Guide and dietary recommendations ▪ Includes monitoring of adult and child intake of nutrients of concern and noncore/discretionary foods including sugar-sweetened beverages (even if there are no clear intake targets for all of these) ▪ 'Regular' is considered to be every five years or more frequently
Context	None

Evidence of implementation	▪ The UFNP targets registration and monitoring of food supplements on the Ugandan market; and provides for continuous monitoring and documentation of food safety, food quality and related activities. ▪ The Uganda Demographic and Health Surveys (UDHS) are used for monitoring child nutrition status and nutrition intake in the country. UDHS is also used to monitor the prevalence of malnutrition, based on indicators on stunting, wasting, and underweight in children. However, the UDHS does not provide monitoring data that is frequent and real-time, given that it is implemented in five-year time interval. ▪ There is no specific evidence of monitoring of adult and child intake of nutrient and/or nutrients of concern. ▪ The policy guidelines on IYCF specifies intake targets or recommended intake levels – for example, ensuring that food is of the right consistency (thickness) and nutrient density (especially related to energy and micronutrients); and complementary food should be fed five times a day and the amount should be increased as infants grow older.
Comments/ notes	Overall, the UFNP provides for a food and nutrition surveillance system – for example, through strengthening systems for providing early warning information on the food and nutrition situation in the country. The Uganda Demographic and Health Surveys (UDHS) are used for monitoring child nutrition status and nutrition intake in the country. UDHS is also used to monitor the prevalence of malnutrition, based on indicators on stunting, wasting, and underweight in children. However, the UDHS does not provide monitoring data that is frequent and real-time, given that it is implemented in five-year time interval. The Uganda National Panel Survey (UNPS) also captures some information on staple food consumption and nutrition. However, the main purpose of UNPS is not nutrition status monitoring.
International benchmark	***US***: The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations(100). The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups or health topics. In 1999, the survey became a continuous program that has a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year.
MONIT 3	
There is regular monitoring of adult and childhood overweight and obesity prevalence using anthropometric measurements	
Definitions and scope	▪ Anthropometric measurements include height, weight and waist circumference ▪ 'Regular' is considered to be every five years or more frequently
Context	The Uganda Demographic and Health Survey (UDHS) is conducted every five years.
Evidence of implementation	▪ This is conducted after every five years, through the UDHS, since 1988[25]. Periodic monitoring of overweight and obesity, as well as other health and nutrition indicators are monitored in the five-year intervals using the UDHS, which is implemented by the Uganda Bureau of Statistics in collaboration with the Ministry of Health and Development Partners. ▪ The recent 2016[26] UDHS shows that twenty-four percent of women and nine percent of men aged 15-49 are overweight or obese.
Comments/ notes	None
International benchmark	***UK***: England's National Child Measurement Programme was established in 2006 and aims to measure all children in England in the first (4-5 years) and last years (10-11 years) of primary school. In 2011-2012, 565,662 children at reception and 491,118 children 10-11 years were measured(101)

MONIT 4	
There is regular monitoring of the prevalence of NCD metabolic risk factors and occurrence rates (e.g. prevalence, incidence, mortality) for the main diet-related NCDs	
Definitions and scope	▪ Diet-related NCD risk factors and NCDs include, amongst others, hypertension, hypercholesterolemia, Type 2 Diabetes, cardiovascular disease (including ischaemic heart disease, cerebrovascular disease and other diseases of the vessels), diet-related cancers. ▪ May be collected through a variety of mechanisms such as population surveys or a notifiable diseases surveillance system.
Context	None
Evidence of implementation	▪ Uganda carried out the STEPS survey of NCD risk factors between April-June 2014. This survey contributes to monitoring NCD risk factors. STEP survey can also be used to monitor the consumption of healthy foods such as fruits and vegetable. ▪ **The NFNS** provides for the establishment of a food and nutrition surveillance and monitoring system; and continuous monitoring of trends in diet–related disorders and promotion of healthy diets and lifestyle choices. ▪ Overweight and obesity, are monitored in five-year intervals using the Uganda Demographic and Health Survey (UDHS), which is implemented by the Uganda Bureau of Statistics in collaboration with the Ministry of Health and Development Partners.
Comments/ notes	The STEP survey was conducted in 2014. It is unknown when the next one will be undertaken.
International benchmark	***OECD COUNTRIES***: Most OECD countries have regular and robust prevalence, incidence and mortality data for the main diet-related NCDs and NCD risk factors.
MONIT 5	
Major programs and policies are regularly evaluated to assess their effectiveness and contributions to achieving the goals of the nutrition and health plans	
Definitions and scope	▪ Includes any policies, guidelines, frameworks or tools that are used to determine the depth and type (method and reporting) of evaluation required ▪ Includes a comprehensive evaluation framework and plan that aligns with the key preventive health or nutrition implementation plan ▪ The definition of a major programs and policies is to be defined by the relevant government department ▪ Evaluation should be in addition to routine monitoring of progress against a project plan ▪ or program logic

Context	Regarding monitoring and assessment of health including nutrition, there is evidence of implementation in some government agencies, although we do not find evidence on the continuity or sustainability of some of the initiatives. For example, in 2019, the Office of the Prime Minister conducted a nutrition capacity assessment for Uganda. Also, the MoH, under the Food and Nutrition Technical Assistance (FANTA) project implemented the Nutrition Service Delivery Assessment to support integration of nutrition into all health services (FANTA, 2018). Further, monitoring is supported by annual sector performance reviews and reports, for all sectors, coordinated by the Office of the Prime Minister. For example, the annual agriculture sector performance review and report monitors and reports on some key health indicators such as nutrition (see for example MAAIF, 2017). The Kampala Capital City Strategic Plan 2020 – 2025, and the Kampala Healthcare Strategic plan 2020/21 – 2024/25, both aim to improve the citizens' quality of life. Specifically, Kampala Capital City Authority (KCCA), under the theme: "Healthy, Green and Prosperous Kampala" is working towards achieving a health-focussed urban design, to prevent the double burden of diseases (communicable and non-communicable diseases).
Evidence of implementation	▪ Most of the policies, strategies, and programmes are designed with Monitoring and Evaluation (M&E) frameworks that are in-built. For example, the National Food and Nutrition Strategy has a M&E component that proposes an impact assessment of the strategy after 5 or 10 years of implementation. ▪ The Uganda Nutrition Action Plan had a M&E framework. The plan is cognizant of a weak M&E system for nutrition and food security indicators, and proposed a comprehensive and integrated multi-sectoral monitoring system for nutrition. The proposed system comprises an annual multi-sectoral monitoring and reporting system to be established with the National Planning Authority as a lead coordinating agency. All implementing agencies are expected to submit annual reports on implementation status, performance, and targets to the co-ordinating agency. The agency's role is to compile the reports to produce an annual report. Review meetings for the implementing agencies and other nutrition stakeholders is planned to be conducted on an annual basis.
Comments/ notes	None
International benchmark	***US***: The National Institutes for Health (NIH) provide funding for rapid assessments of natural experiments. The funding establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviours (e.g., dietary intake, physical activity, or sedentary behaviour) and/or weight outcomes in an effort to prevent or reduce obesity(102).

MONIT 6	
Progress towards reducing health inequalities or health impacts in vulnerable populations and social and economic determinants of health are regularly monitored.	
Definitions and scope	▪ Monitoring of overweight and obesity and main diet-related NCDs includes stratification or analysis of population groups where there are the greatest health inequalities including Indigenous peoples and socio-economic strata ▪ Includes reporting against targets or key performance indicators related to health inequalities
Context	None
Evidence of implementation	▪ The annual sector performance reviews and reports are used for monitoring health indicators including health inequalities, nutrition, and some of the social determinants of health. This is coordinated by the Office of the Prime Minister (OPM). The most relevant annual performance sector reviews and reports are those of the health and agriculture sectors, where key performance indicators are monitored against set targets every year. In agriculture, government monitors and reports on some key health indicators such as nutrition. ▪ Periodic monitoring of overweight and obesity, as well as other health and nutrition indicators are monitored in five-year intervals using the UDHS, which is implemented by the UBoS in collaboration with the MoH and Development Partners.
Comments/ notes	These progress monitoring initiatives are not specifically meant for nutrition and health impact monitoring in vulnerable populations, but they are activities undertaken as part of general sector performance monitoring.

International benchmark	***NEW ZEALAND***: All annual Ministry of Health Surveys report estimates by subpopulations in particular by ethnicity (including Maori and Pacific peoples), by age, by gender, and by New Zealand area deprivation.
MONT 7	
Country level indicators for breastfeeding & complementary feeding are regularly monitored including desired average rate and country level baselines.	
Definitions and scope	▪ Monitoring of complementary and breastfeeding includes stratification or analysis of specific BF and CF indicators at national level and stratified by other characteristics such as region, gender, social economic status etc. to inform policy, programming and intervention. ▪ Includes reporting against targets or key performance indicators related to breastfeeding and complementary feeding.
Context	None
Evidence of implementation	▪ Through UDHS and HMIS, timely breastfeeding initiation, within the first one hour after delivery; exclusive breastfeeding of infants aged 0 up to 6 months; and timely complementary feeding of infants from 6 to 9 months are monitored. ▪ The policy guidelines on IYCF as well provides for monitoring and evaluation at all levels, to ensure that implementation of the IYCF activities is done well or as planned, and that the desired results are being achieved and documented. The guidelines developed relevant national level indicators to be monitored using the policy monitoring and evaluation framework, which include; percentage of mothers initiating breastfeeding within one hour of delivery, percentage of mothers rooming in/bedding in with their newborn babies, percentage of babies aged 0-6 months receiving no other food or fluid apart from breast milk, percentage of children started on complementary foods at 6 to 10 months, percentage of mothers who continue to breastfeed up to 2 years, percentage of infants receiving feeds using open cups, number of trained IYCF counsellors, number of mothers individually counselled on infant and young child feeding, percentage of children aged 6 to 59 months who received Vitamin A supplements, and percentages of legible health facilities that are baby friendly.
Comments/ notes	None
International benchmark	Ministry of Health in Vietnam agreed to apply from May 2009 the new World Health Organization (WHO) child growth standards for assessing child nutritional status for the surveillance system Most countries have adopted the global nutrition targets (2025) of increasing the rate of exclusive breastfeeding to at least 50% by 2025. Progress towards achieving these targets is tracked through the global nutrition report, in 2020, the report indicated that 32 countries were on track to achieving the exclusive breastfeeding target (increase to 50%) (23) VIETNAM – In 2009 /2010, adopted the WHO IYCF indicators and incorporated them in the National Nutrition Surveillance System (NNSS) data collection questionnaires. The NNSS data is collected every year in the month of June to August. The data is then analyzed and presented in reports of provincial nutrition profiles and visualization maps indicating IYCF practices in the country. The data has been useful in IYCF policy advocacy, program planning, trend monitoring and capacity building in the country. The NNSS is funded by the government though the National Institute of Nutrition (24) BOLIVIA: has set indicators for breastfeeding (early initiation, rooming in, skin to skin contact and exclusive breastfeeding for the first six months), and included them in the National Health Statistics and Information System for regular monitoring. Various countries have included maternal and child nutrition indicators including breastfeeding and complementary feeding indicators in the national demographic healthy surveillance / surveys (DHS) that are conducted every 5 years.

MONT 8	
Growth monitoring (GMP) programmes have been developed and include measurement and regular monitoring of both childhood overweight/obesity and undernutrition.	
Definitions and scope	• **Growth monitoring** refers to the process of tracking child growth by regularly measuring and comparing the child growth parameters to growth standards e.g the WHO growth reference standards • **Growth measurements** include anthropometric measurements such height, weight etc • **Indicators** of child nutrition, growth and development include stunting, wasting, overweight/ obesity, developmental milestones • 'Regular' is considered to be every five years or more frequently
Context	None
Evidence of implementation	▪ The policy guidelines on IYCF provides for implementation of the activity of growth monitoring and promotion (GMP). ▪ The guidelines recommend counselling and encouragement of mothers to maintain a child health card or mother/child health passport to monitor the growth and development of the child, to take their children to health promotion sessions or the nearest health facility, to ensure timely immunization and to make sure that the child sleeps under an insecticide treated mosquito net (ITN) for malaria prevention. ▪ The guidelines recommend counselling of mothers to continue monitoring the growth of their children through 5 years of age, and maintain the child growth card for the purpose of growth recording and monitoring. Correctly filled in Child Health Cards are issued for each new-born, for purpose of growth monitoring. ▪ In addition, measurement and regular monitoring of child growth, including childhood overweight/obesity and undernutrition are carried out using routine Health Management Information System (HMIS) data capture and reporting at health facility level.
Comments/ notes	None
International benchmark	In JAPAN, child growth and development monitoring is conducted once a year in schools, through the monitoring and evaluation system for the school lunch program. The monitoring system is implemented by the Japan Sport Council, and the Japan Society of School Health. Data (Anthropometric measures and developmental milestones) collected is fed into school health statistics that are desegregated by age, gender, region etc. to allow for the assessment / tracking of annual changes and regional differences (33) ARGENTINA set growth charts which were developed and released jointly by the National Department of Infant and Maternal Health of the National Ministry of Health and the Argentine Pediatric Society (APS). The use of national weight and height charts for boys and girls from birth to maturity. They adopted the new WHO growth charts to monitor children from birth to 5 years of age, replacing national references (34).
MONIT 9	
Food safety indicators such as microbial safety, mycotoxins such as aflatoxins levels and chemical components such as preservatives, additives, pesticides and hormone levels in food are regularly monitored at national level.	
Definitions and scope	▪ Monitoring involves continuous and vigilant public health assessment and review of the level of contaminants including microbial contaminants, chemical and biological contaminants of public health concern, to confirm effective risk management and safety ▪ Food safety indicators represent concentration levels of the microbial, physical, chemical contaminants of public health concern, that do not represent a significant risk to health over a lifetime of consumption. ▪ Includes water quality regulations and standards ▪ Public places include communities, schools, health care facilities, workplaces, markets etc ▪ 'Regular' is considered to be every five years or more frequently
Context	-The government has produced a food and medicines Bill, 2018. This bill aims to consolidate the mandate of food control to enable an effective food safety monitoring among other roles. -There exists the National Standards and Quality Policy (2012) aimed at; Rationalizing, harmonizing and strengthening the standards regulatory framework; enhancing coordination and collaboration among regulatory and standards development agencies; developing and improving the national quality infrastructure. -The UNBS Act, established UNBS as a statutory body mandated to set standards, and to co-ordinate and monitor the implementation. Under the UNBS Act, the Minister of trade has issued regulations for the imports inspection and clearance of product including food before entry into Uganda.

Evidence of implementation	▪ The UNBS is the statutory body mandated to set standards, and to co-ordinate and monitor implementation. ▪ UNBS has established several standards including specifications and codes of practices to support production and distribution of only safe food products in Uganda. UNBS receives on voluntary basis, and tests food products from government agencies, producers including farmers, manufacturers and traders and test these for conformity to standards. The results of tests are used to advise producers and other stakeholders on the safety of and actions to improve food safety. UNBS conduct imports inspection and market surveillance activities to sample and test food product for conformity to standards. However, there are capacity challenges to cover all products, all contaminants in the whole country at all time. ▪ Uganda has an Aflatoxin Control Action Plan (ACAP), which has an inbuilt plan for monitoring aflatoxin. Monitoring of the aflatoxin control Action Plan comprises continuous and systematic collection and analysis of information (data), in order to inform the MAAIF, Partnership for Aflatoxin Control in Africa (PACA) Secretariat and key stakeholders the extent to which progress against stated goals and objectives have been achieved. The plan states that the monitoring process will build on the AUC – PACA supported Africa Aflatoxin Information Management System (Africa AIMS) initiative; and proposed a baseline survey (field, market, farmer stores, aggregation points, millers) to provide baseline data. ▪ Evaluation is part of the plan - the evaluation entails planned and periodic assessment of results. The main provisions for the plan evaluations in the course of implementation include; baseline evaluation, mid-term evaluation, and final evaluation at the end of the action plan implementation cycle. ▪ The Food and Nutrition Security division has been established under the directorate of crop resources (crop production department), in the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF). The MAAIF has also embraced aflatoxin mitigation as a measure of food safety, and accordingly, established Uganda Aflatoxin Technical Working Group. ▪ Food safety, through aflatoxin mitigation has also been mainstreamed within the Agriculture Sector Strategic Plan. ▪ The Uganda Food and Nutrition Policy (UFNP) highlights the need to strengthen food monitoring system including the detection and prevention of dumping of sub-standard and toxic food in Uganda. ▪ UNFP highlights that Genetically-modified (GM) foods should be discouraged due to their unknown effects on health, agriculture and the environment ▪ There exists the National Standards and Quality Policy (2012) aimed at; Rationalizing, harmonizing and strengthening the standards regulatory framework; enhancing coordination and collaboration among regulatory and standards development agencies; developing and improving the national quality infrastructure. ▪ Among the strategies for the UFNP in relation to standards and food safety include strengthening UNBS to carry out its role of co-ordinating and formulating food standards; setting up a national certification system to guarantee the quality of food; strengthening national capacity to set standards, monitor, regulate and control food supplements. ▪ It also prohibits the sale of milk from diseased cows. No person shall — sell, or offer or expose for sale, for human consumption; or use in the manufacture of products for sale for human consumption, the milk of any cow which to his or her knowledge has given tuberculous milk, or is suffering from emaciation due to tuberculosis or from tuberculosis of the udder, acute mastitis, actinomycosis of the udder, suppuration of the udder, or any infection of the udder or teats which is likely to convey disease, or from any comatose condition, any septic condition of the uterus, or anthrax. ▪ The UFNP puts emphasis on the need to ensure that Food Standards and Quality Control is effective in Uganda. The policy states that food quality control and standards must be applied at all levels in the food chain. ▪ It also points out that food standards and quality control must target chemicals and drugs used in agriculture and food additives used in food processing. The standards and control should also cover street food vending and the transportation of food. The Uganda National Bureau of Standards (UNBS) is the statutory body mandated to set standards, and to co-ordinate and monitor the implementation. ▪ Concerning food supplements, the UFNP also highlights the need for their effective control and regulation in order to protect the public. The National Drug Authority (NDA) in collaboration with nutrition unit of the MoH has the mandate to regulate the manufacture, importation, sale and distribution of food supplements, and it has already put in place the appropriate registration system and quality control measures. The policy emphasizes that food supplements must conform to acceptable standards. The policy set specific objectives to register and monitor food supplements on the Ugandan market; to regulate the importation, manufacture, sale and distribution of food supplements; to ensure effective control over the quality, safety and efficacy of food supplements; and to develop guidelines for the formulation of therapeutic feeds. One of the proposed strategies under the UFNP is strengthening national capacity to set standards, monitor, regulate and control food supplements; and strengthening UNBS to carry out its role of coordinating, formulating, and enforcing food standards and codes of practices.

Comments/ notes	- Policies exist in the ministries of Agriculture, Health and Trade. - A consolidated food control bill is in place. - UNBS monitors food safety. - In response to increase in consumption of aflatoxin-contaminated foods by the population, the government developed a five-year Aflatoxin Control Action Plan (ACAP), designed to be implemented through five thematic areas that address; effective aflatoxin management in agricultural value chains, public awareness and advocacy, public health management, policy and legislation, and effective coordination, monitoring and evaluation. The plan aims to achieve the vision of aflatoxin safe Food and Feed Value Chains in Uganda by promoting production, trade and consumption of aflatoxin safe products through enhanced capacity building, awareness, advocacy, research, technology, effective extension and regulatory systems along the food and feed value chains in Uganda. Specifically, the plan aims to achieve the following objectives: reduce the levels of aflatoxins in susceptible foods and feeds in Uganda to safe limits; increase the level of awareness on aflatoxin across the entire food and feed system; reduce the impact of aflatoxins on human and animal health; ensure compliance to aflatoxin regulations and standards in Uganda; and ensure effective coordination, monitoring and evaluation of aflatoxin control and prevention activities. Key proposed activities relevant for monitoring aflatoxin in the plan include; -Develop standard operating procedures (SOPs) for aflatoxin management for use at farm level -Provide kits to facilitate aflatoxins work to extension workers (e.g. moisture meters and record books). -Develop and disseminate advocacy materials that promote the integration of aflatoxin control in local governments' policies, plans and budgets. -Facilitate the development of ordinances governing the production and post-harvest handling of groundnuts, maize and sorghum at local government levels. -Train 15 Laboratory scientists and 15 technicians in the analysis of food and feed for aflatoxins contaminations. -Procure 5 VICAM and consumables for aflatoxins analysis -Procure of 260 moisture meters to facilitate inspections at District and national levels. -Train 12,000 traders, transporters and processors in aflatoxins prevention and control; and conduct a Training of Trainers (ToT) of 600 leaders of cooperatives and (traders, transporters and processors) and district technical officers on matters of international food safety quality requirements and compliance. -Translate and produce 50,000 copies of the food safety regulations related to aflatoxin prevention and control into popular versions. -Analyze at least 6,000 samples per year for aflatoxins contaminations. -Train 360 ToTs (4 per district) targeting institutional caterers (e.g., schools, hospitals, prisons, babies' homes) in managing aflatoxins for food safety.
International benchmark	CHINA : in 2015, the food safety law of the people of China was established. This law includes provisions for: 1. food safety management in food production, processing, sale and distribution (including restaurant services), production, distribution and application of food additives, food storage and transportation, 2. provisions for risk monitoring system and assessment for food safety such as monitoring food-borne diseases, food contamination, and harmful factors in food, 3. Food safety standards including limits on pollutants such as invasive organisms, pesticide residues, veterinary drug residues, biotoxins and heavy metals, and other materials endangering human health contained in food, food additives, and Food-Related-Products; varieties, applications, and dosage of food additives, 4. Food inspection, supervision and administration, as well as legal liabilities for those contravening this law (39).

DOMAIN 11 - FUNDING AND RESOURCES

Sufficient funding is invested in 'Population Nutrition Promotion' (estimated from the investments in population promotion of healthy eating and healthy food environments for the prevention of obesity and diet-related NCDs, excluding all one-on-one promotion (primary-care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g. folate fortification and undernutrition) to create healthy food environments, improved population nutrition, reductions in obesity, diet-related NCDs and their related inequalities.

Summary of findings

Investment in prevention and management of NCDs is one of the priority funding areas for the health sector in the medium term, as evident in the 2020/21 budget framework paper. More specifically, 13% of the budget allocated to public health services in 2020/21 was directed to NCDs, and health education, promotion and communication. Key strategies include sensitization about prevention of NCDs and improving nutrition, and establishment of regional centres for cancer treatment. In addition, the budget for the ministry of health provides for annual allocations for health research (e.g. UGX 788 million in FY 2020/21). However, this is a block allocation and not disaggregated to reflect research on food environment and NCDs.
There is no independent agency established and mandated to improve population nutrition. Nonetheless, there are divisions within line ministries that deal with nutrition issues (e.g. Health education and promotion division, and Nutrition division under the Ministry of Health, and Food and Nutrition Security division under MAAIF.

FUND 1	
Funding for the promotion of healthy eating and healthy food environments, as a proportion of total health spending and/or in relation to the diet-related NCD burden sufficiently contributes to reducing diet-related NCD's.	
Definitions and scope	▪ 'Population nutrition' includes promotion of healthy eating, and policies and programs that support healthy food environments for the prevention of obesity and diet-related NCDs ▪ The definition excludes all one-on-one and group-based promotion (primary care, antenatal services, maternal and child nursing services etc.), food safety, micronutrient deficiencies (e.g., folic acid fortification) and undernutrition ▪ Includes estimates for the budget allocated to the unit within the Department of Health that has primary responsibility for population nutrition. ▪ The workforce comprises anyone whose primary role relates to population nutrition and who is employed full time, part time or casually by the Department of Health or contracted by the Department of Health to perform a population nutrition-related role (including consultants or funding of a position in another government or nongovernment agency). The number of full-time equivalent persons in the workforce will be reported in 'FUND4 ▪ Excludes budget items related to physical activity promotion.
Context	None
Evidence of implementation	▪ The 2020/21 national budget framework paper highlights investment in prevention and management of Non-Communicable Diseases (NCDs) as one of the priorities of the health sector in the medium term. It specifically highlights mass sensitization on prevention of NCDs and improving nutrition, speeding up the construction of a standalone home for Uganda Heart Institute and the establishment of the proposed regional centres for cancer treatment as key interventions to be undertaken. ▪ There are also budgetary allocations to health services programs in the national budget through the Ministry of Health. For instance, in the financial year 2020/21, the public health services was allocated UGX 5.2 billion of which about 13 percent was directed to non-communicable diseases, and health education, promotion and communication. ▪ Uganda has also implemented the Multi-sectoral Food Security and Nutrition project (2015- 2019). The funding for the project was to the tune of US$ 27.64 million, a Grant from the Global Agriculture and Food Security Program (GAFSP) with the World Bank as the Supervising Entity (SE). The project aimed at increasing production and consumption of micronutrient-rich foods and utilization of community-based nutrition services.

Comments/ notes	The Uganda Food and Nutrition policy makes a provision that food and nutrition interventions should be funded through the consolidated fund by government, and grants or donations from government and other sources. In addition, the NFNS advocates for the establishment of school children feeding funds, and set up an advocacy fund for food and nutrition policy implementation.
International benchmark	**1)** ***NEW ZEALAND***: The total funding for population nutrition was estimated at about $67 million or 0.6% of the health budget during 2008/09 Healthy Eating Healthy Action period. Dietary risk factors account for 11.4% of health loss in New Zealand. **2)** ***THAILAND***: According to the most recent report on health expenditure in 2012 the government greatly increased budget spent on policies and actions related to nutrition (excluding food, hygiene and drinking water control). Total expenditure on health related to nutrition specifically from local governments was 29,434.5 million Baht (about 840 million USD) (7.57% of total health expenditure from public funding agencies), which was ten times over the budget spending on nutrition in 2011. Dietary risk factors account for about 10% of health loss in Thailand.
FUND 2	
Government funded research is targeted for improving food environments, reducing obesity, NCDs and their related inequalities	
Definitions and scope	▪ Includes the clear identification of research priorities related to improving food environments, reducing obesity, NCDs and their related inequalities in health or medical research strategies or frameworks ▪ Includes identifying research projects conducted or commissioned by the government specifically targeting food environments, prevention of obesity or NCDs (excluding secondary or tertiary prevention) ▪ It is limited to research projects committed to or conducted within the last 12 months ▪ Excludes research grants administered by the government (including statutory agencies) to a research group where the allocation of a pool of funding was determined by an independent review panel ▪ Excludes evaluation of interventions (this is explored in 'MONIT5' and should be part of an overall program budget)
Context	None
Evidence of implementation	▪ The budget for the ministry of health provides for annual allocations for health research. For instance, in 2020/21, health research was allocated UG. Shs 788 million. However, the figure is not broken down and therefore difficult to tell how much is allotted to research about food environments and NCDs. ▪ Then UFNP proposes mobilization of resources for research related to food nutrient content and nutrition-related diseases among others, in order to generate information necessary for improving food and nutrition situation in Uganda.
Comments/ notes	None
International benchmark	**1)** ***AUSTRALIA***: The National Health and Medical Research Council (NHMRC) Act requires the CEO to identify major national health issues likely to arise. The National Health Priority Areas (NHPAs) articulate priorities for research and investment and have been designated by Australian governments as key targets because of their contribution to the burden of disease in Australia. For the 2015-16 Corporate Plan, obesity, diabetes and cardiovascular health are three of these NHPAs. **2)** ***THAILAND***: The National Research Council funded more research projects on obesity and diet-related chronic diseases (such as diabetes, cardiovascular diseases and hypertension) in 2014, accountable for almost six times over the research funding in 2013 (from 6,875,028 Baht in 2013 to 37,872,416 baht in 2014).
FUND 3	
There is a statutory health promotion agency in place that includes an objective to improve population nutrition with a secure funding stream	
Definitions and scope	▪ Agency was established through legislation ▪ Includes objective to improve population nutrition in relevant legislation, strategic plans or on agency website ▪ Secure funding stream involves the use of a hypothecated tax or other secure source

Context	None
Evidence of implementation	▪ The MoH has two key divisions that are responsible for health promotion and population nutrition improvement – that is, (a) Health education and promotion division, and (b) Nutrition division. ▪ In addition, the Food and Nutrition Security division has been established under the directorate of crop resources (crop production department), in the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF). The MAAIF has also embraced aflatoxin mitigation as a measure of food safety, and accordingly, established Uganda Aflatoxin Technical Working Group. ▪ In the **National Development Plan (NDP) II**, as well as the current NDP III have included population nutrition as a cross-cutting issue of priority. Food safety, through aflatoxin mitigation was mainstreamed within the Agriculture Sector Strategic Plan.
Comments/ notes	There is no independent government agency that has been established through legislation, outside the scope of MoH and MAAIF, that is responsible for improving population nutrition and health promotion. Pertaining to nutrition-specific programmes, no nutrition-dedicated programme is in existence, but nutrition is mentioned in programmes and sub-programmes and services, and agricultural education platform, through which production and consumption of nutritious foods is addressed. In the health sector, out of 12 priority programmes and sub-programmes in existence, nutrition is included as a sub-programme in the Maternal and Child Health Programme under the Community Health chapter and appears under Clinical Services and national disease control programs (Turcan & Bene, 2017). In terms of coordination, there is a well-established institutional framework and political commitment. For example, the Uganda Food and Nutrition Council has been placed at the OPM. Nutrition coordination committees exist at sectoral levels, coordinated by nutrition focal persons within nutrition-related departments (also see Turcan & Bene, 2017).
International benchmark	***AUSTRALIA***: The Victorian Health Promotion Foundation (VicHealth) was the world's first health promotion foundation, established by the Victorian Parliament as part of the Tobacco Act of 1987 (for the first 10 years through a hypothecated tobacco tax) through which the objectives of VicHealth are stipulated. VicHealth continues to maintain bipartisan support.

DOMAIN 12 - PLATFORMS AND INTERACTION

There are coordination platforms and opportunities for synergies across government departments, levels of government, and other sectors (NGOs, private sector, and academia) such that policies and actions in food and nutrition are coherent, efficient and effective in improving food environments, population nutrition, diet-related NCDs and their related inequalities

Summary of findings

Evidence shows that there exists mechanisms and platforms for coordination of food and nutrition issues across sectors. Available platforms include Nutrition coordination committees at sectoral level, functional Nutrition Technical Working Group, and Uganda Food and Nutrition Council in the OPM of Uganda. The Nutrition Technical Working Group also provides a platform for regular interaction between government, private sector, development partners, and civil society organizations on development, implementation, and evaluation of healthy food policies. The Scaling Up Nutrition Movement platform also exists in Uganda. However, there is no evidence of platform that is specifically for interaction between government and commercial food sector on implementation of healthy food policies.

PLAT 1	
There are robust coordination mechanisms across departments and levels of government (national, state and local) to ensure policy coherence, alignment, and integration of food, obesity and diet-related NCD prevention policies across governments.	
Definitions and scope	▪ Includes cross-government or cross-departmental governance structures, committees or working groups (at multiple levels of seniority), agreements, memoranda of understanding, etc ▪ Includes cross-government or cross-departmental shared priorities, targets or objectives ▪ Includes strategic plans or frameworks that map the integration and alignment of multiple policies or programs across governments and across departments ▪ Includes cross-government or cross-departmental collaborative planning, implementation or reporting processes, consultation processes for the development of new policy or review of existing policy
Context	None
Evidence of implementation	▪ There is a well-established institutional framework and political commitment. Nutrition coordination committees exist at sectoral levels, coordinated by nutrition focal persons within nutrition-related departments (also see Turcan & Bene, 2017). ▪ The Uganda Food and Nutrition Policy (UFNP) calls for creation of an effective mechanism for multi-sectoral co-ordination and advocacy for food and nutrition. It provides for establishment of Uganda Food and Nutrition Council (UFNC), to perform the following functions; advising government on food and nutrition issues, mobilize resources for food and nutrition interventions, promote research on food and nutrition, and coordinate all stakeholders and activities concerning food and nutrition in the country among others. ▪ UFNP also provides for the enactment of the **Food and Nutrition Council Act.** The purpose of the Act is to provide the legal framework for establishing the UFNC to serve as the apex body for guidance and coordination of all food and nutrition activities in the country. ▪ There is a **functional Nutrition Technical Working Group**, at the Ministry of Health. This is a multisector group that coordinates nutrition issues across sectors. The group contributed significantly, to the development of the nutrition guidance for the general population during COVID-19 in 2020. ▪ The government has established a **secretariat for the Uganda Food and Nutrition Council in the Office of the Prime Minister of Uganda, which serves as a nutrition coordination unit.** More commitment is the establishment of nutrition coordination committees at sectoral and sub-national levels, all facilitated by nutrition focal points within nutrition-related departments.

Comments/ notes	None
International benchmark	**1)** ***FINLAND***: The Finnish National Nutrition Council is an inter-governmental expert body under the Ministry of Agriculture and Forestry with advisory, coordinating and monitoring functions. It is composed of representatives elected for three-year terms from government authorities dealing with nutrition, food safety, health promotion, catering, food industry, trade and agriculture (59). **2)** ***MALTA***: Based on the Healthy Lifestyle Promotion and Care of NCDs Act (2016), Malta established an inter-ministerial Advisory Council on Healthy Lifestyles in August 2016 to advise the Minister of Health on any matter related to healthy lifestyles. In particular, the Advisory Council advises on a life course approach to physical activity and nutrition, and on policies, action plans and regulations intended to reduce the occurrence of NCDs. The prime minister appoints the chair and the secretary of the Advisory Council, while the ministers of education, health, finance, social policy, sports, local government, and home affairs appoint one member each (59). **3)** ***AUSTRALIA***: There are several forums and committees for the purpose of strengthening food regulation with representation from New Zealand and Health Ministers from Australian States and Territories, the Australian Government, as well as other Ministers from related portfolios (e.g. Primary Industries). Where relevant, there is also representation from the Australian Local Government Association. **4)** ***PACIFIC COUNTRIES***: In 2014, the Pacifici Non-Communicable Disease Partnership was established to encourage a multi-sector approach to prevent and control non-communicable diseases. The partnership includes Pacific Island Forum Leaders, Pacific Ministers of Health, Pacific Islands Permanent Missions at the United Nations, Pacific Island Countries and Territories, Secretariat of the Pacific Community, World Health Organization, United Nations Development Programme, World Bank, Australia Department of Foreign Affairs and Trade, New Zealand Aid Programme, US Department of State, Pacific Island Health Officers' Association and the NCD Alliance. The partnership aims to strengthen and coordinate capacity and expertise to support Pacific Island countries achieve globally agreed NCD targets and implement the Pacific Islands NCD Roadmap.
PLAT 2	
There are formal platforms (with clearly defined mandates, roles and structures) for regular interactions between government and the commercial food sector on the implementation of healthy food policies and other related strategies	
Definitions and scope	▪ The commercial food sector includes food production, food technology, manufacturing and processing, marketing, distribution, retail and food service, etc. For the purpose of this indicator, this extends to commercial non-food sectors (e.g. advertising and media, sports organisations, land/housing developers, private childcare, education and training institutes) that are indirectly related to food ▪ Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice on healthy food policies ▪ Includes platforms to support, manage or monitor private sector pledges, commitment or agreements ▪ Includes platforms for open consultation ▪ Includes platforms for the government to provide resources or expert support to the commercial food sector to implement policy ▪ Excludes joint partnerships on projects or co-funding schemes ▪ Excludes platforms to engage with industry in relation to development of policies. ▪ Excludes initiatives covered by 'RETAIL3' and 'RETAIL4'
Context	None
Evidence of implementation	No specific evidence found.

Comments/ notes	The Nutrition Technical Working Group, at the Ministry of Health. This group provides technical advice to government, regarding healthy food interventions or policy options and guidelines, including provision of nutrition guideline for the general population that was recently developed in 2020. It is not clear if this group provides a platform for interaction between government and commercial food sector. The Nutrition Technical Working Group conducts monthly meetings with the government, private sector, academia, development partners and other stakeholders to deliberate on any nutrition and health issues of stake in the country.
International benchmark	***UK:*** The UK 'Responsibility Deal' was a UK government initiative to bring together food companies and non-government organisations to take steps (through voluntary pledges) to address NCDs during 2010-2015. It was chaired by the Secretary of State for Health and included senior representatives from the business community (as well as NGOs, public health organisations and local government). A number of other subgroups were responsible for driving specific programs relevant to the commercial food sector.

PLAT 3	
There are formal platforms (with clearly defined mandates, roles and structures) for regular interactions between government and civil society on the development, implementation and evaluation of healthy food policies and other related strategies.	
Definitions and scope	▪ Civil society includes community groups and consumer representatives, NGOs, academia, professional associations, etc. ▪ Includes established groups, forums or committees active within the last 12 months for the purpose of information sharing, collaboration, seeking advice ▪ Includes platforms for consultation on proposed plans, policy or public inquiries ▪ Excludes policies or procedures that guide consultation in the development of food policy (see 'GOVER3')
Context	
Evidence of implementation	▪ The Nutrition Technical Working Group provides a platform for interactions between government and civil society on the development, implementation and evaluation of healthy food policies and strategies. It is a multi-sectoral nutrition technical committee, which comprises of experts from government, development partners, private sector, civil society, and academia. The committee is responsible for technical policy coordination, as specified in the Nutrition Planning Guidelines. ▪ The scaling up nutrition (SUN) movement in Uganda also provides a platform for interaction between the government and civil societies ▪ Civil society groups also provide platforms for interactions, working in collaboration with MoH and MAAIF. For example, the Uganda Food Rights Alliance, Uganda NCD Alliance, and Uganda National Heath Consumer Organization.
Comments/ notes	None
International benchmark	***BRAZIL:*** The National Council of Food and Nutrition Security (CONSEA) is a body made up of civil society and government representatives, which advises the President's office on matters involving food and nutrition security (103). CONSEA is made up from one-third government and two-thirds non-government executives and workers. It has special powers. It is housed in and reports to the office of the president of the republic. It is responsible for formulating and proposing public policies whose purpose is to guarantee the human right to healthy and adequate food. There are also CONSEAs at state and municipal levels that deal with specific issues, also responsible for organising CONSEA conferences at their levels. CONSEAs are charged to represent Brazilian social, regional, racial and cultural diversity at municipal, state or national level. The elected politicians in Brazil's parliament formally have the power to challenge and even overturn proposals made by CONSEA. In practice it is most unlikely that any Brazilian government whether of the left or right would wish to do so, partly because of the constitutional status of the CONSEA system, and also because, being so carefully representative of all sectors and levels of society, it remains strong and popular.

PLAT 4	
The government works with a system-based approach with (local and national) organisations/partners/groups to improve the healthiness of food environments at a national level.	
Definitions and scope	▪ Systems-based approaches may include policies within other domains of health ▪ May include a social-determinants of health approach ▪ May bring together multiple departments or ministries to approach health ▪ Includes multiple levels of government ▪ Aim of a systems-based approach is: o resourcing and supporting a dedicated, reflective and skilled workforce at a state and/or local level to engage, activate and influence at multiple levels of the system to combat obesity and chronic disease o building relationships with prevention partners across the system, and across sectors and industries, to strengthen positive health outcomes on multiple fronts o capturing and feeding back knowledge and data on progress, impact and effectiveness and calling for new types of research, policy and practice collaborations o allocating resources based on best possible investment to effect change and population need, seeding long term change by resourcing local governments to lead action towards public health o building leadership for sustained prevention across the system to drive effective and long-lasting change.
Context	None
Evidence of implementation	▪ The **Uganda Multi-Sectoral Food Security and Nutrition project (2015 - 2019)** was implemented between 2015 and 2019 to; increase production and consumption of micronutrient-rich foods and utilization of community-based nutrition services in smallholder households in project areas. Beyond 2019, the project contributed to the development of the nutrition guidelines for the population in 2020. The national budget framework for the current fiscal year still provides for funding of the project, a collaboration between government and development partners. The intervention is multisectoral in nature, with collaborating institutions for implementation from MAAIF, MoH, and MoES; and development partners such as; WFP, UNICEF, and USAID. The Scaling Up Nutrition (SUN) Movement platform also exists in Uganda. The platform aims at making significant contribution to end all forms of malnutrition[27].
Comments/ notes	None
International benchmark	**1)** ***AUSTRALIA***: Healthy together Victoria in Australia aims to improve people's health where they live, learn, work and play. It focuses on addressing the underlying causes of poor health in children's settings, workplaces and communities by encouraging healthy eating and physical activity, and reducing smoking and harmful alcohol use. Healthy Together Victoria incorporates policies and strategies to support good health across Victoria, as well as locally-led Healthy Together Communities. The initiative was originally jointly funded by the State Government of Victoria and the Australian Government through the National Partnership Agreement on Preventive Health (104, 105). It is unclear at this stage whether funding for Healthy Together Victoria will continue or not. **2)** ***NEW ZEALAND***: Healthy Families NZ is a large-scale initiative that brings community leadership together in a united effort for better health. It aims to improve people's health where they live, learn, work and play, in order to prevent chronic disease. Led by the Ministry of Health, the initiative will focus on ten locations in New Zealand in the first instance. It has the potential to impact the lives of over a million New Zealanders. The Government has allocated $40 million over four years to support Healthy Families NZ (106).

DOMAIN 13 - HEALTH IN ALL POLICIES

Processes are in place to ensure policy coherence and alignment, and that population health impacts are explicitly considered in the development of government policies.

Summary of findings

There are visible efforts to mainstream health and nutrition in various policies and development plans. Specifically, the National Health Policy (2010) calls for mainstreaming of health in all relevant policies. There also exists National Nutrition Planning Guidelines to guide intervention planning at all levels and sectors. In addition, the current NDP III recognizes the importance of population nutrition in the country's development process. To this effect, nutrition indicators form part of the results matrix for the plan.

HIAP 1	
There are processes in place to ensure that development of all government policies relating to food are sensitive to nutrition, public health, and reducing health inequalities in vulnerable populations.	
Definitions and scope	▪ Includes policies, procedures, guidelines, tools and other resources that guide the consideration and assessment of nutrition, health outcomes and reducing health inequalities or health impacts in vulnerable populations prior to, during and following implementation of food-related policies. ▪ Includes the establishment of cross-department governance and coordination structures while developing food-related policies.
Context	The National Health Policy (2010) provides for mainstreaming of health in all policies. Specifically, it states that health shall be mainstreamed in all relevant policies. The MoH shall guide other government ministries, departments and the private sector on health issues. The policy also emphasizes improving people's awareness about health and related issues in order to bring about desired changes in knowledge, attitudes, practices and behaviours regarding the prevention and control of major health and nutrition problems in Uganda".
Evidence of implementation	▪ The National Health Policy (2010) provides for mainstreaming of health in all policies. Specifically, it states that health shall be mainstreamed in all relevant policies. The MoH shall guide other government ministries, departments and the private sector on health issues. The policy also emphasizes improving people's awareness about health and related issues in order to bring about desired changes in knowledge, attitudes, practices and behaviours regarding the prevention and control of major health and nutrition problems in Uganda". ▪ The current National Development Plan (NDP III 2020/21-2024/25) prioritizes population health and is cognizant of the importance of population nutrition in the development process, particularly in terms of human capital development. Better population nutrition indicators form part of the key results that the NDPIII aims to achieve, for example, reduction of prevalence of under 5 stunting from 28.9 percent to 24 percent, increasing life expectancy from 63 to 70, and increasing access to Universal Health Care from 44 percent to 60 percent. ▪ The National Planning Authority developed the National Nutrition Planning Guidelines for Uganda in 2015, to guide nutrition intervention planning at all levels and across sectors. ▪ The MoH, under the Food and Nutrition Technical Assistance (FANTA) project implemented the Nutrition Service Delivery Assessment to support integration of nutrition into all health services (FANTA, 2018).
Comments/ notes	The Uganda Multi-Sectoral Food Security and Nutrition project (2015 - 2019) addresses nutrition concerns of the population by focusing on increasing the production and consumption of micronutrient-rich foods and utilization of community-based nutrition services in smallholder households in project areas. Implementation of the project is through a multi-stakeholder collaboration across government departments and agencies or ministries including; MAAIF; MoH, and MoES.

International benchmark	***SLOVENIA***: Slovenia undertook a Health Impact Assessment (HIA) in relation to agricultural policy at the national level. This was the first time that the health effects of an agricultural policy were assessed at the country level. The HIA followed a six-stage process: policy analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the agricultural policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a key cross-government group; and evaluation (107).

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